

DOCTORAL THESIS

The Role of Domestic Knowledge in an Era of Professionalisation: Eighteenth-Century Manuscript Medical Recipe Collections

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**The Role of Domestic Knowledge in an Era of Professionalisation:
Eighteenth-Century Manuscript Medical Recipe Collections**

by

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A thesis submitted in partial fulfilment of the requirements for the
degree of PhD

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Abstract

Manuscript recipe books come in all shapes and sizes and run from tens to hundreds of pages. Those from the eighteenth century are not exclusively culinary, also incorporating medical, veterinary and household recipes. Surviving examples are almost all from genteel or elite households, the people who had time and resources to create them, and are preserved in local archives or dedicated collections.

This thesis examines the medical recipes in particular and considers their role at a time when alternatives to domestic healthcare were proliferating: increasing numbers of physicians and surgeons, a growth in apothecaries' shops, commercial offerings such as proprietary medicines and a variety of irregular practitioners. Advice and remedies in print were also widely available in books, periodicals and newspapers.

This is the largest study of eighteenth-century manuscript medical recipes yet undertaken, encompassing 241 collections and a total of 19,134 recipes. It begins by considering the collections themselves as material objects, rather than merely text, which no other major study in this area has done. The range of recipes and ailments are assessed against prevalent illnesses and causes of death, and variations in recipe types identified regionally and temporally. Detailed case studies of coughs and colds, gout, hydrophobia, diet drinks and Daffy's Elixir illustrate the variety of ingredients and methods, as well as regimens for health and differences by gender and age.

Examination of compilers and contributors of recipes demonstrates that both women and men were involved in this practice. Recipe exchange is delineated as a form of social currency requiring trust and reciprocity, and case studies show how knowledge circulated through three forms of network: familial, sociable and

political. Finally, a major contribution of this thesis is that it identifies manuscript medical recipe collections as fulfilling four important functions for their compilers: oeconomic, symbolic, personalised and instrumental.

Contents

Abstract	3
List of Tables	8
List of Figures	9
Acknowledgements	12
A note on transcription practice	13
Abbreviations	14
1: Methodology and Context	15
Previous research	16
Methodology of this research	24
The eighteenth-century context for domestic medicine	30
Medical thinking	30
Professionalisation	41
Commercialisation	48
The domestic role	57
2: The Recipe Collections	67
Creating a collection	68
Organising the collection	83
Non-medical recipes	104
Other content	108
Conclusion	120
3: The Recipes I – Format and Variety	122
What is a recipe?	122
Categorising recipes	131
Comparisons with other research	147

Comparison across different regions	152
Comparison across the century	156
Conclusion	164
4: The Recipes II – Selected Conditions.....	167
Coughs and colds	168
Gout.....	180
Diet drinks.....	194
Bite of a mad dog.....	210
Daffy’s Elixir	228
Differences by sex and age	237
Conclusion	251
5: Compilers and Contributors.....	255
Writer, author, owner or compiler?.....	255
Compilers.....	260
The Filmer brothers.....	267
Contributors	272
Conclusion	281
6: Recipes as Social Currency.....	283
Social capital.....	283
The social life of recipes	294
A familial network: Lady Baillie, Lady Murray and Lady Stanhope.....	295
A sociable network: Caroline Powys and friends.....	300
A political network: Aristocratic connections.....	311
Conclusion	315
7: The Role of Domestic Medical Knowledge	317
Oeconomic	320

Symbolic	332
Personalised	336
Instrumental	340
Conclusion	345
Conclusion	346
Appendix 1: Biographical index	354
Appendix 2: Recipes in Sophia Newdegate's book of Miscellaneous Receipts, CR 1841/1, Warwickshire County Record Office	360
Appendix 3: Safeguarding the secrets of Daffy's Elixir	362
Appendix 4: Sources of recipes in Caroline Powys's Recipe Book, Add MS 42173, British Library	365
Bibliography	374
Primary Sources	374
Manuscript Primary Sources	374
Printed Primary Sources	384
Secondary Sources	388
Books	388
Book chapters	395
Journal articles	401
Theses and dissertations	409
Conference and research papers	412
Blog posts and other online sources	413

List of Tables

Table 1.1 Location of recipe collections included in this research.....	26
Table 1.2 Medical practitioners in England, 1783	42
Table 2.1 Organisational features in the recipe collections	85
Table 2.2 Non-medical content of recipe collections	104
Table 3.1 Recipe components	128
Table 3.2 Categories used for recipe analysis.....	132
Table 3.3 Causes of death in London at four points in the eighteenth century and their presence in manuscript recipe collections	141
Table 3.4 Causes of death and recipes by category	142
Table 3.5 Fatal casualties in London at four points in the eighteenth century and the presence of relevant remedies in manuscript recipe collections	146
Table 3.6 Recipes for waters in three collections from early in the eighteenth century and three from later (all from Wellcome Library)	162
Table 4.1 Most frequently occurring ingredients in remedies for colds	171
Table 4.2 Most frequently occurring ingredients in remedies for coughs	174
Table 4.3 Most frequently occurring ingredients in remedies for gout	188
Table 4.4 Most frequently occurring ingredients in recipes for diet drinks.....	199
Table 4.5 Most frequently occurring ingredients in remedies for rabies	219
Table 4.6 Most frequently occurring ingredients in remedies for Daffy's Elixir	234
Table 4.7 Recipes specifically for children.....	250
Table 5.1 Types of collection by gender.....	263
Table 5.2 Male and female donors of recipes	273
Table 5.3: Copying from one book to another, Penruddocke recipe books 332/256	280
Table 6.1 First page of index from Caroline Powys' recipe book	304

List of Figures

Figure 2.1 Neat handwriting	70
Figure 2.2 Erratic handwriting	70
Figure 2.3 ‘Never writt worse in my life’	71
Figure 2.4 Guidelines for writing.....	71
Figure 2.5 Two capital Ps	71
Figure 2.6 Letter enclosing recipe	72
Figure 2.7 Hand-sewn paper-bound book.....	73
Figure 2.8 Tiny notebook.....	73
Figure 2.9 Marbled exercise book	74
Figure 2.10 Gilt-stamped vellum binding.....	74
Figure 2.11 18th-century calf binding.....	75
Figure 2.12 Pocket found with recipe book.....	75
Figure 2.13 Using up all the space.....	77
Figure 2.14 Writing with an inferior quill	80
Figure 2.15 Recipe for ink	81
Figure 2.16 An ‘alphabet’ as an organising device.....	87
Figure 2.17 Numbering and indexing.....	90
Figure 2.18 Indexing wines and waters	91
Figure 2.19 Crowded index under C.....	92
Figure 2.20 Culinary and medical recipes meeting in the middle of a book	95
Figure 2.21 Writing in straight lines, widely spaced	97
Figure 2.22 Small writing crammed into page.....	98
Figure 2.23 A book filled with very small writing	98
Figure 2.24 Using all the gaps	99

Figure 2.25 Recipes written on recto only	100
Figure 2.26 Finishing a recipe in the side margin.....	101
Figure 2.27 Rules to stress recipe titles	102
Figure 2.28 Elaborate titles	102
Figure 2.29 No differentiation of titles	103
Figure 2.30 Ownership inscription.....	108
Figure 2.31 Overlapping claims to ownership.....	109
Figure 2.32 Intergenerational transmission.....	110
Figure 2.33 Successive signatures and other scribbles	111
Figure 2.34 Names and birth/death dates of children	112
Figure 2.35 Commonplace elements.....	113
Figure 2.36 Annotated drawing of a plant.....	114
Figure 2.37 Garden design.....	115
Figure 2.38 Plaster for worms, drawing indicating size and shape	116
Figure 2.39 Manicules	116
Figure 2.40 A repeated motif.....	117
Figure 2.41 Drawing from back of recipe book.....	118
Figure 2.42 A doodle	118
Figure 2.43 Poems from a male compiler.....	119
Figure 3.1 Number of recipes in each category	133
Figure 3.2 No. of conditions in each category in rank order, as a percentage of total no. of recipes.....	133
Figure 3.3 No. of conditions in each category: Manuscripts and print sources compared.....	138
Figure 3.4 Comparison with results in Stobart's research	148
Figure 3.5 Comparison with results in Leong's research	149
Figure 3.6 Comparison with results in Smith's research	152

Figure 3.6 Distribution of recipes by category in four areas of England.....	155
Figure 3.7 Recipe categories across the eighteenth century	157
Figure 4.1 Purpose of diet drink recipes	195
Figure 4.2 Number of ingredients in diet drink recipes	198

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A note on transcription practice

Original spelling has been retained in transcriptions from manuscript sources, with explanations where required. I have not doubled initial consonants such as ff and abbreviations using the symbol for thorn such as ‘ye’ and ‘yt’ have been expanded to ‘the’ and ‘that’. Contractions, particularly those in superscript, have been silently expanded with the exception of those where an inverted comma indicated an omission. Modern conventions on capitalisation have been applied to improve readability, but otherwise original punctuation has been retained. I have maintained underlining to indicate emphasis. Line layout has not been kept in running text.

Dates have been given as they were in the manuscripts, including those where both old- and new-style years were given.

Abbreviations

BJL: Brighton, Jubilee Library

BL: British Library

BLA: Bedfordshire and Luton Archives

CBS: Centre for Buckinghamshire Studies

CHL: Chawton House Library

CRO: Cornwall Record Office

DRO: Derbyshire Record Office

ESRO: East Sussex Record Office

GA: Gloucestershire Archives

HA: Hertfordshire Archives

HHC: Hull History Centre

HRO: Herefordshire Record Office

KHC: Kent History Centre

LA: Lincolnshire Archives

LRO: Lancashire Record Office

NA: Nottinghamshire Archives

NHRO: Northamptonshire Record Office

NRO: Norfolk Record Office

NUL: Nottingham University Library

RCP: Royal College of Physicians

SA: Somerset Archives

SHC: Surrey History Centre

SRO: Suffolk Record Office

STRO: Staffordshire Record Office

WCRO: Warwickshire County Record Office

WL: Wellcome Library

WSA: Wiltshire and Swindon Archives

WSRO: West Sussex Record Office

WYAS: West Yorkshire Archive Service

1: Methodology and Context

On the shelf in my kitchen is a red notebook, its ruled pages half filled with handwritten recipes. It contains my favourite way of making Christmas cake, the tomato chutney my husband likes, a recipe for crab cakes my mother gave me, and Jamie Oliver's recommendations for roasting beef. Its somewhat battered predecessors are full to bursting with recipes culled from magazines, television programmes and friends, mostly for food but with the occasional cosmetic and even remedy for good measure. Some are crossed out, some are starred or ticked to indicate they worked well, others have been amended with extra seasoning or different ingredients. And in my head are the recipes I have no need to write down – the proportions for shortcrust pastry, gravy from the meat juices, hot lemon and honey (and brandy) for a cold.¹ My mother kept a book just like it, in a blue binding, cuttings spilling out when it was opened. I am sure my grandmother had one too and I would love to have her recipes from when she was a cook in a big house – maybe then I would know just how she made her apple pie, a lingering taste memory 20 years after her death.

Even in an era when we are overwhelmed by printed recipe books and can access an infinite number of examples online, a personal collection of recipes, whether handwritten, electronic or on Pinterest, is a powerful combination of domestic knowledge and individual remembrance. It brings together recipes for dishes we have made, those we are planning to try, and those we will probably never

¹ Sara Pennell and Michelle DiMeo remark on the elusive nature of 'the remembered recipe, perhaps not written down as not worth repeating... and the recipe so simple it does not need recording'; (2013) 'Introduction', in DiMeo & Pennell (eds), *Reading and Writing Recipe Books, c.1550–1800*, Manchester: Manchester University Press, 1–22, p.5.

attempt but want to know how to do, just in case. How much more valuable must such an assembly of information have been 300 years ago, when the manuscript recipe collections I examine in this thesis were created – all the more so since my focus is their medical recipes, knowledge more useful to their compilers' well-being than instructions for quaking pudding, umble pie or 'artificial sturgeon', significant though the latter may be for culinary historians. There was a relative wealth of printed advice and recipes available, in books, periodicals and newspapers, so why did the compilers in my study feel the need to create and maintain these sometimes extensive manuscript collections, often over generations? Who were they, where did they garner their information from, was each recipe book a static form or did its individual content change in use or over time, and what other meanings and resonances did the collections possess? What stories can these handwritten pages reveal?²

Previous research

Manuscript recipe books were created in English households of the gentility and above from at least the sixteenth century³ and interest in them has been increasing in recent years. This has elevated such documents from their previously rather ephemeral status, left 'lightly catalogued'⁴ in dusty boxes of papers in local archives

² For an interesting perspective on recipe books as 'memory-sparking tools', see Benie Bruner Colvin (2008) 'Passing the story: A study of personal memoirs – letters, recipes, and quilts', PhD thesis, Indiana University of Pennsylvania.

³ Jennifer K. Stine (1996) 'Opening closets: The discovery of household medicine in early modern England', PhD thesis, Stanford University.

⁴ Adam Smyth (2010) *Autobiography in Early Modern England*, Cambridge: Cambridge University Press, p.15.

or ‘deracinated’⁵ from identifying information in collections such as that at the Wellcome Library. While work on their culinary content has been pioneered by scholars such as Annie Grey and Sara Pennell,⁶ and Edith Snook has written on their cosmetic preparations,⁷ increasing attention is being paid to their medical aspects, beginning with Jennifer Stine’s study of seventeenth-century manuscripts and continuing through the research of Lisa Smith, Elaine Leong and Anne Stobart,⁸ among others. In addition, the ‘Treasures for Health’ project at the Max Planck Institute for the History of Science sets out to ‘locate and contextualize household recipes within narratives of early modern knowledge codification and transfer’⁹; the Corpus of Early English Medical Writing at the University of Helsinki will offer a

⁵ Sara Pennell (2013) ‘Making livings, lives and archives: Tales of four eighteenth-century recipe books’, in DiMeo & Pennell, *Reading and Writing Recipe Books*, 225–46, p.227.

⁶ Annie Gray (2013) “‘A practical art’: An archaeological perspective on the use of recipe books”, in DiMeo & Pennell, *Reading and Writing Recipe Books*, 47–67; Sara Pennell (2004) ‘Perfecting practice? Women, manuscript recipes and knowledge in early modern England’, in Victoria E. Burke & Jonathan Gibson (eds), *Early Modern Women’s Manuscript Writing: Selected Papers from the Trinity/Trent Colloquium*, Aldershot: Ashgate, 237–58, and ‘Making livings, lives and archives’. Pennell also works on medical recipes: see in particular Elaine Leong & Sara Pennell (2007) ‘Recipe collections and the currency of medical knowledge in the early modern “medical marketplace”’, in Mark S.R. Jenner & Patrick Wallis (eds) *Medicine and the Market in England and Its Colonies, c.1450–c.1850*, Basingstoke: Palgrave Macmillan, 133–52.

⁷ Edith Snook (2008) “‘The beautifying part of physic’: Women’s cosmetic practices in early modern England”, *Journal of Women’s History*, 20:10–33; (2011) *Women, Beauty and Power in Early Modern England: A Feminist Literary History*, Basingstoke: Palgrave Macmillan. I was not able to find any academic work on the household recipes the manuscript collections sometimes contain, for inks, dyes, soaps, insecticides etc., other than a brief mention in Sara Pennell (2012) ‘Material culture in seventeenth-century “Britain”: The matter of domestic consumption’, in Frank Trentmann (ed.), *The Oxford Handbook of the History of Consumption*, Oxford: Oxford University Press, 64–84.

⁸ For these researchers’ original theses see Stine, ‘Opening closets’; Lisa Wynne Smith (2002) ‘Women’s health care in England and France (1650–1775)’, PhD thesis, University of Essex; Elaine Leong (2005) ‘Medical recipe collections in seventeenth-century England: Knowledge, gender and text’, DPhil thesis, University of Oxford; and Anne Stobart (2008) ‘The making of domestic medicine: Gender, self-help and therapeutic determination in household healthcare in South-West England in the late seventeenth century’, PhD thesis, Middlesex University.

⁹ http://www.mpiwg-berlin.mpg.de/en/research/projects/ DeptII_Leong_Treasures, accessed 1 December 2014.

valuable repository of comparable printed material, including household texts¹⁰; and the project to produce a Corpus of Early English Recipes at the University of Las Palmas de Gran Canaria will incorporate manuscript as well as printed sources of recipes in multiple areas, including alchemical, cosmetic, culinary, medical and veterinary.¹¹ There are also three virtual research networks – The Recipes Project: Food, Magic, Art, Science, and Medicine¹²; the Notebooks Network¹³; and the Herbal History Research Network.¹⁴

A number of theses have focused on the medicinal content of recipe collections. For instance, Stine's analysis covers 22 female-owned seventeenth-century recipe books in the Wellcome Library.¹⁵ Stine addresses many of the areas I consider in this research, including the structuring of a recipe collection, the type of medicine reflected, how recipes circulated and the question of medical authority within the household, although with a much smaller sample of material, from exclusively aristocratic compilers, and an earlier timeframe.

Smith's comparative analysis of healthcare in England and France studies recipe collections from between 1650 and 1775 that meet the criteria of having a

¹⁰ <http://www.helsinki.fi/varieng/CoRD/corpora/CEEM/EMEMTindex.html>, accessed 1 December 2014. The Late Modern English Medical Texts 1700–1800 corpus was not available when this research was conducted.

¹¹ <http://www.helsinki.fi/varieng/CoRD/corpora/CoER/index.html>, accessed 1 December 2014. See also Francisco Alonso-Almeida (2013) 'Genre conventions in English recipes, 1600–1800', in DiMeo & Pennell, *Reading and Writing Recipe Books*, 68–90, p.69. Again, data from the corpus is not currently available outside the team involved in its compilation.

¹² <http://recipes.hypotheses.org>: 'an international group of scholars interested in the history of recipes, ranging from magical charms to veterinary remedies'.

¹³ <http://notebooks.hypotheses.org>: 'a virtual community of scholars and researchers working on early modern paper technologies, paper tools and information management'.

¹⁴ <http://www.jiscmail.ac.uk/HIST-HERB-MED>: mainly an email discussion list, which 'aims to promote a scholarly approach – which is systematic, objective and developmental – to plants and medicinal uses' (<http://herbalhistorynetwork.blogspot.co.uk/2011/07/why-is-herbal-history-research-network.html>, accessed 1 December 2014).

¹⁵ Stine, 'Opening closets'.

female owner, having multiple owners or being compiled over time, and being a bound manuscript rather than loose papers. She focuses on ‘women’s diseases’ and female medical knowledge,¹⁶ although in other work she stresses the role of men and the wider family in healthcare.¹⁷ Smith emphasises the composite nature of knowledge in these manuscripts, given the diverse sources from which it was obtained; the large number of polychrest or ‘cure-all’ remedies; and the relatively small number of recipes for gynaecological complaints, a finding with which my own research concurs.

The research to which mine comes closest in scale is that by Leong, who identified 259 seventeenth-century English manuscripts containing 30 or more medical recipes in research libraries in the UK and US; her detailed investigation comprised 15 of these manuscripts and a total of 6554 recipes, as well as a number of printed compilations. Leong stresses the complicated nature of ownership, which was often collaborative; the fact that recipe collection and exchange ‘crossed gender boundaries’; and the notion of ‘waste’ and ‘neat’ versions of recipe books, the first for the immediate writing down of a recipe and the second for its more permanent recording after testing or verifying. She also discusses the ‘utilitarian’ nature of manuscript recipe books and their function as an ‘early modern medicine chest’, rather than necessarily a reflection of an individual family’s preoccupations.¹⁸

¹⁶ Smith, ‘Women’s health care’.

¹⁷ Lisa Smith (2006) ‘The relative duties of a man: Domestic medicine in England and France, ca. 1685–1740’, *Journal of Family History*, 31:237–56; (2003) ‘Reassessing the role of the family: Women’s medical care in eighteenth-century England’, *Social History of Medicine*, 16:327–42.

¹⁸ Leong, ‘Medical recipe collections’. The question of ownership/authorship is also addressed by Catherine Field (2007) ‘“Many hands hands”: Writing the self in early modern women’s recipe books’, in Michelle M. Dowd & Julie A. Eckerle (eds), *Genre and Women’s Life Writing in Early Modern England*, Aldershot: Ashgate, 49–64; Michelle DiMeo (2013)

Stobart's study of domestic medicine in south-west England at the end of the seventeenth century considers the extent of self-help and how domestic production was reducing given a posited increase in purchased medicine. The latter conclusion is based on the availability of related household accounts and letters as well as a sample of 4000 probate inventories, so I was not able to verify it for my sample, although I identify other connected aspects of change over time, such as a simplification of remedies (including the reduction in distillation that Stobart records) and the inclusion of purchased waters and other compounds in recipes. Three of the 11 collections Stobart studies date from the eighteenth century and she considers a total of 2909 recipes; she defines a collection as 'all the receipts relating to one household', rather than individual books or bundles of papers as I do. She highlights the role of 'therapeutic determination', or 'the ability to influence the nature of healthcare'. In my analysis I have used Stobart's 14 ailment categories, which built on those of previous researchers, including Stine, Smith and Leong, but revised them to be consistent with early modern understandings of health and disease, rather than those of twenty-first-century medicine.¹⁹

Leigh Whaley's consideration of domestic medicine incorporates a study of 33 manuscript recipe books from the Wellcome Library, dating from 1621 to the mid-eighteenth century, alongside some examples of printed recipe books. Nevertheless, her statement that the manuscripts saw a 'decline in the second half of

'Authorship and medical networks: Reading attributions in early modern manuscript recipe books,' in DiMeo & Pennell, *Reading and Writing Recipe Books*, 25–46, and (2014) 'Lady Ranelagh's book of kitchen-physick? Reattributing authorship for Wellcome Library MS 1340', *Huntington Library Quarterly*, 77:331–46.

¹⁹ Stobart, 'Making of domestic medicine', pp.46, 1, 264.

the [seventeenth] century' is not borne out by their continuation well into the eighteenth century (and beyond) that my research has established.²⁰

Other research incorporates recipe books as one of a group of sources for particular areas of medical or cultural history. For example, a number of chapters and a jointly edited collection by Pennell focus on the knowledge contained in early modern recipe books (culinary as well as medicinal), in particular its validation through use, its transmission and exchange, and the narrative form of the texts themselves. Pennell also highlights the role of recipe books in maintaining at least the appearance of 'domestic order' and 'oeconomy', as well as the 'interest and participation' of men in collecting and preparing recipes.²¹

Lesley Coates investigates treatments for 'female disorders' in the eighteenth century through a sample of 25 recipe books from the Wellcome Library, as well as examples from North America²²; and Bruna Gushurst-Moore's consideration of Anglo-American domestic healthcare includes 122 English recipe books from the late sixteenth to the early nineteenth centuries.²³ Jennifer Evans and Hannah Newton write about manuscript recipe books in their work on aphrodisiacs and children's healthcare, respectively.²⁴ Phyllis Thompson's thesis on embodiment includes a chapter on 'women's receipt books', although as she does not provide a list of

²⁰ Leigh Whaley (2011) *Women and the Practice of Medical Care in Early Modern Europe, 1400–1800*, Basingstoke: Palgrave Macmillan, p.165.

²¹ Sara Pennell (2004) 'Introduction', in Pennell (ed.) *Women and Medicine: Remedy Books, 1533–1865*, London: *Primary Source Microfilm and the Wellcome Library for the History and Understanding of Medicine*, 6–16, 'Perfecting practice?', and Pennell & DiMeo, 'Introduction'.

²² Lesley Coates (2005) 'Female disorders: Eighteenth-century medical therapeutics in Britain and North America', PhD thesis, Birkbeck College, University of London.

²³ Bruna Gushurst-Moore (2012) 'A garden in her cups: Botanical medicines of the Anglo-American home, c.1580–1800', PhD thesis, Plymouth University.

²⁴ Jennifer Evans (2014) *Aphrodisiacs, Fertility and Medicine in Early Modern England*, Woodbridge: Boydell Press; Hannah Newton (2012) *The Sick Child in Early Modern England, 1580–1720*, Oxford: Oxford University Press.

primary sources it is difficult to establish how many she consulted. My own research, including into some of the manuscripts she mentions, challenges a number of her conclusions, including that the reason for naming donors was to reinforce female authority in medicine.²⁵

Medical recipe books from other countries in the British Isles have also been studied. Gabrielle Hatfield has researched domestic medicine in the Scottish context, including recipes in the diaries, letters and ‘kitchen books’ of three families. She suggests a broadening distinction between domestic and ‘orthodox’ medicine by the end of the century.²⁶ The sources for Alun Withey’s investigation of ‘physick and the family’ in Wales from the seventeenth to the mid-eighteenth centuries include manuscript recipe books as well as over 3000 probate inventories to reveal the extent of ‘medical material culture’. He stresses the inclusion of recipes in commonplace books alongside other useful information.²⁷ Emma O’Toole at the National College of Art and Design, Dublin, has included a small number of ‘medicinal pocketbooks’ in her research on the material culture of pregnancy in Ireland in the long eighteenth century. She stresses healthcare as a fundamental part of women’s household management.²⁸

²⁵ Phyllis A. Thompson (2003) ‘Subversive bodies: Embodiment as discursive strategy in women’s popular literature in the long eighteenth century’, PhD thesis, Louisiana State University, pp.182, 216, 214.

²⁶ V. Gabrielle Hatfield (1980) ‘Domestic medicine in eighteenth century Scotland’, PhD thesis, University of Edinburgh.

²⁷ Alun Withey (2009) ‘Health, medicine and the family in Wales, c.1600–c.1750, PhD thesis, Swansea University; (2011) *Physick and the Family: Health, Medicine and Care in Wales, 1600–1750*, Manchester: Manchester University Press; see also (2013) ‘Crossing the boundaries: Domestic recipe collections in early modern Wales’, in DiMeo & Pennell, *Reading and Writing Recipe Books*, 179–202.

²⁸ Emma O’Toole (2010) ‘Women’s role in self-medication in the late early modern Irish household’, paper presented at *Medicine, Culture and Society in Early Modern Britain and Ireland*, Belfast: Centre for the History of Medicine in Ireland, 26 March.

The study of medical recipe books can thus perform multiple functions. Research into manuscript cookery books more generally includes that by Janet Theophano, whose study ranges widely through geography and time and concentrates on these documents as ‘an emblem of the self’.²⁹ Gilly Lehmann considers both manuscript and printed recipe books and their role in domestic life, although my research challenges her assertion that ‘[b]y the Restoration, the vogue for collecting receipts from one’s friends and writing their illustrious names against the titles of the receipts had passed’ because of a deluge of printed books.³⁰ While Sandra Sherman’s consideration of recipe book development acknowledges the importance of exchanging recipes within ‘a vivid community’, she typifies such networks as more ‘close-knit’ and ‘controlled’ than my research would indicate.³¹

What is missing from previous research is a comprehensive focus on the eighteenth-century collections in England overall, in particular those located in local record offices rather than London-based repositories such as the Wellcome Library and the British Library.³² The physical characteristics of these collections as material objects have been neglected, as has detailed examination of recipes for common disorders, outside a preoccupation with remedies designed for women and children.

²⁹ Janet Theophano (2002) *Eat My Words: Reading Women's Lives through the Cookbooks They Wrote*, New York: Palgrave, p.123.

³⁰ Gilly Lehmann (2003) *The British Housewife: Cookery Books, Cooking and Society in Eighteenth-Century Britain*, Totnes: Prospect, pp.13, 72.

³¹ Sandra Sherman (2010) *Invention of the Modern Cookbook*, Santa Barbara, CA: Greenwood, pp.4, xix, 3, xxix fn16, 1.

³² Katherine Allen has researched similar sources, although from conversations with her I know she has visited fewer archives. Her thesis (‘Manuscript recipe collections and elite domestic medicine in eighteenth-century England’, University of Oxford) was submitted at the end of June 2015, but I have not had sight of it. From her abstract and a subsequent blog post I understand that her database encompassed just over 5000 recipes from 27 collections and that her focus was on healthcare practices more generally, including ‘intellectual pastimes and patient experiences’ (<http://ora.ox.ac.uk/objects/uuid:7c96c4db-2d18-4cff-bedc-f80558d57322>, accessed 10 December 2015).

Furthermore, there has been little structured discussion of the reasons for maintaining such manuscripts, particularly given the existence of printed, commercial and professional alternatives. These are gaps that this thesis intends to fill.

Methodology of this research

The questions this research aims to answer are the following:

- What form did domestic medical recipe manuscripts take and what did they include?
- What sort of medical knowledge was recorded and what conditions did it aim to treat?
- Did the type, content and focus of the recipe manuscripts change over time?
- Who compiled the recipe collections and did they do so singly or with others?
- How was the information obtained and shared?
- Did the practice of compiling medical recipe collections continue to the same extent as the number of professional practitioners and commercial suppliers of medicine increased, and if so, why?

I identified suitable medical recipe manuscripts using an electronic search of Access to Archives and the individual archive's website search facility where available, in addition to selecting relevant sources at the Wellcome Library and the British Library. It is important to consider collections in local archives as well as at central repositories, as in many instances manuscripts in dedicated collections of recipe books have been divorced from the potential context added by family papers. I included looseleaf collections of recipes as well as those in bound books (or subsequently assembled as such), with the proviso that it would not be possible here

to assess any principle of organisation or selection of recipes, other than the mere fact of preservation.³³ The archives I visited are listed in Table 1.1, which also details the numbers of recipe collections and total number of recipes in each archive. Conversations with archivists sometimes revealed that not all the relevant manuscripts the archive possessed were listed electronically, so where possible I identified further collections from a manual catalogue search. It was impossible to isolate recipe books dating exclusively to the eighteenth century and dating in itself can be problematic: a date at the beginning or end of a volume may relate to a subsequent owner, multiple compilers may mean that manuscripts are constructed over a considerable period, and a date near a recipe may relate to an earlier source from which it was copied, for example. Sometimes handwriting or circumstantial information from accompanying archive material is the only clue. The criterion I used was that the identifiable dates over which the collection was likely to have been formed should include the eighteenth century, even if its creation began in the seventeenth century or extended into the nineteenth.

³³ Smith ('Women's health care', p.50) chose to focus only on bound recipe books (and those identifiably compiled by women), but her sample is much smaller, at only eight books.

Table 1.1 Location of recipe collections included in this research

Archive	No. of recipe collections	Total no. of recipes
Bedfordshire and Luton Archives	4	137
Brighton, Jubilee Library	1	150
British Library	17	1,009
Centre for Buckinghamshire Studies	8	313
Chawton House Library	2	88
Cornwall Record Office	5	34
Derbyshire Record Office	12	525
East Sussex Record Office	3	39
Gloucestershire Archives	16	287
Herefordshire Record Office	10	248
Hertfordshire Archives	3	26
Hull History Centre	4	116
Kent History Centre	6	255
Lancashire Record Office	6	94
Lincolnshire Archives	4	284
Norfolk Record Office	9	505
Northamptonshire Record Office	2	21
Nottingham University Library	1	9
Nottinghamshire Archives	2	66
Royal College of Physicians	4	134
Somerset Archive	4	290
Staffordshire Record Office	3	90
Suffolk Record Office	3	116
Surrey History Centre	2	208
Warwickshire County Record Office	7	748
Wellcome Library	90	12,588
West Sussex Record Office	2	104
West Yorkshire Archive Service	4	81
Wiltshire and Swindon Archives	7	569
	241	19,134

In addition to recipe books, I identified manuscript collections of correspondence or journals by compilers of the recipes or others where I was able to pinpoint significant mentions of health-related topics, as well as other family papers. I subsequently added to my primary sources by reading published journals and collected correspondence. The recipe manuscripts and other primary sources consulted are listed in the Bibliography, and where I was able to obtain biographical information on recipe book compilers, this is detailed in Appendix 1.

I chose to focus on recipes for conditions that illustrated various aspects of the nature of domestic healthcare: those for coughs and colds, an everyday affliction; gout, a chronic condition; diet drinks, a prophylactic with a relationship to regimen; rabies, an incurable ailment; and Daffy's Elixir, a proprietary remedy that was one of the first to achieve significant commercial success. I transcribed recipes for those conditions in full, while listing recipe titles, uses, source/donor (where available) and any other points of interest for the remaining medical recipes. I excluded recipes for veterinary medicine and those that would be identified as 'beautifying physic',³⁴ including face washes, pomatums and preparations for teeth cleaning as opposed to toothache.

I constructed an Excel spreadsheet listing these details for each recipe:

- Source (document reference)
- Archive
- Name of recipe
- Donor
- Uses
- Text of recipe (where transcribed)
- Any notes
- Date (where available)
- Ingredients (where transcribed)

The uses and ingredients were detailed in separate fields where there was more than one, so they could be sorted. I was then able to extract the relevant columns for each

³⁴ Snook, "Beautifying part of physic".

analysis, for example of diet drink recipes, or to sort the overall spreadsheet to establish the most frequently occurring uses or identical recipes in different collections.

To offer some background to this research, the rest of this chapter examines the context for domestic medicine, with a focus on medical thinking, professionalisation and commercialisation.

Chapter 2 begins discussion of my findings by examining manuscript recipe collections as material objects. It considers the skill of writing and the paraphernalia required before a recipe collection could be created, as well as the strategies compilers employed to organise and subsequently retrieve the information they recorded. The additional content of these collections is also examined, such as other kinds of recipes, lists of family events and even drawings and poems, demonstrating how they were embedded in the wider environment of the household.

Chapter 3 narrows this holistic focus to map the knowledge contained in the recipes themselves. It first addresses what constitutes a recipe and the elements of its typical format. Then the chapter examines the categories of medical recipes included in the collections and compares those to both contemporary causes of illness and death and the content of a small sample of printed recipe books. Variations are identified both regionally and temporally, in particular a trend towards collecting fewer, simpler recipes that employed less sophisticated equipment.

Chapter 4 goes into more detail on particular groups of recipes, providing analysis of recipes and ingredients for remedies for coughs and colds, gout, diet drinks, rabies and Daffy's Elixir. It also considers the broader notions of the distinction between food and medicine as well as contemporary ideas about regimen.

Furthermore, it considers illnesses that were particularly identified with one gender or the other, as well as more general variations in the recipes for either men or women and, broadening the discussion to other aspects of humoral thinking, in those for children or older people.

Chapter 5 turns to the compilers themselves and those who contributed the recipes. After explaining why ‘compiler’ was chosen rather than other possible terminology, it highlights that both women and men were keen collectors and disseminators of recipes and medical knowledge, and that collaboration between family members of both genders occurred both contemporaneously and intergenerationally. A case study of a pair of brothers illustrates their close involvement in their own and each other’s healthcare. Where donors are identified, the recipes themselves are shown to have originated from family and friends as well as professional practitioners and printed sources.

Chapter 6 delineates recipe exchange as a form of social currency. After outlining the theoretical background to the concept of social capital, it offers case studies illustrating recipe transmission. The discussion distinguishes three kinds of networks involved in knowledge circulation: familial, demonstrating frequent sharing of recipes over three generations of women of the same family; sociable, where exchange among family, friends and acquaintances is mapped onto the busy social diary of Caroline Powys; and political, in which close examination of two previously unrelated recipe books demonstrates the existence of a shared and influential aristocratic circle.

Finally, Chapter 7 brings the threads of the discussion together to examine how manuscript recipe books help in understanding the role of domestic knowledge.

I outline four reasons for the continuing practice of compiling such volumes throughout the eighteenth century: they were oeconomic, part of being a successful domestic manager and a way of demonstrating one's worth; they were symbolic, representing a kind of family inheritance; they were personalised, reflecting the interests and concerns of the compilers as well as offering potential as a form of life writing; and they were instrumental, ensuring the retention of a degree of agency in an increasingly professionalised environment for health, with different and potentially contradictory implications for women and men.

The eighteenth-century context for domestic medicine

The medical recipe collections examined in this thesis were compiled during a time that is conventionally seen as one of transition in medical thinking, in which humoural theory was beginning to give ground to more evidence-based medicine, a multiplicity of 'professional' practitioners were available for consultation, and domestic production of remedies was being complemented or replaced by a rapid increase in commercially available medicines. It is nevertheless important to remember that in reality there was often more continuity than change, with previous ways of thinking and behaving coexisting with innovations and reconceptualisations.

Medical thinking

Fellow of the Royal Society and naturalist Henry Baker (1698–1774) described the era as 'this inquisitive Age, when the Desire of Knowledge has spread itself far and wide, and we... resolve to examine for Ourselves, and judge from our own

Experience'.³⁵ Fashionable men and women owned telescopes or microscopes, collected shells or insects or assembled 'cabinets of curiosities', visible emblems of their interest in the new 'science' and in expanding their knowledge.³⁶ The *Ladies' Diary* provided its female readers with complex mathematical problems to solve, including such state-of-the-art concepts as infinitesimal calculus.³⁷ The publications of the Royal Society, illustrated encyclopedias and books written for a popular audience were avidly consumed and debated at coffeehouses and salons.³⁸ Public lectures with elaborate and sometimes risky demonstrations were held on subjects such as electricity³⁹ and 'animal magnetism'.⁴⁰ The newly formed Spalding Gentleman's Society⁴¹ and the Lunar Society of Birmingham,⁴² as well as soirées

³⁵ Henry Baker (1742) *The Microscope Made Easy*, London: R. Dodsley, p.xi.

³⁶ Jenny Uglow (2002) *The Lunar Men: The Friends Who Made the Future*, London: Faber and Faber, p.xv.

³⁷ Shelley Costa (2002) 'The 'Ladies' Diary': Gender, mathematics, and civil society in early-eighteenth-century England', *Osiris, 2nd series, Science and Civil Society*, 17:49–73, p.53.

³⁸ G.S. Rousseau (1998) "'Stung into action": Medicine, professionalism, and the news', *Prose Studies: History, Theory, Criticism*, 21:176–205, p.182.

³⁹ Paola Bertucci (2006) 'Revealing sparks: John Wesley and the religious utility of electrical healing', *British Journal for the History of Science*, 39:341–62, p.344; Simon Schaffer (1993) 'The consuming flame: Electrical showmen and Tory mystics in the world of goods', in John Brewer & Roy Porter (eds), *Consumption and the World of Goods*, London: Routledge, 489–526, pp. 490–91.

⁴⁰ See for instance the description by Betsy Sheridan (1754–92) of spectators being 'thrown into Hysterics', 'put to sleep' and 'limbs being convuls'd'; William LeFanu (1960) *Betsy Sheridan's Journal: Letters from Sheridan's sister 1784–1786 and 1788–1790*, London: Eyre & Spottiswoode, 10 October 1788.

⁴¹ Established in 1712 as 'a Society of Gentlemen, for the supporting of mutual benevolence, and their improvement in the liberal sciences and in polite learning' (<http://www.spalding-gentlemens-society.org/history.html>, accessed 16 January 2015); antiquary Maurice Johnson (1688–1755), a founder member, had an interest in recipe books, as exemplified by his laying claim to one compiled originally by his stepmother (MS 3082, Johnson family, 1694–1831, Wellcome Library). This manuscript is also discussed in Smith, 'Women's health care', pp.56–57, 60, 62; and Leong, 'Medical recipe collections', pp.120–21, 169.

⁴² Members continued to meet from approximately 1765 to the end of the century, and included physician Erasmus Darwin (1731–1802), steam engine pioneer James Watt (1736–1819), potter and industrialist Josiah Wedgwood (1730–95) and clergymen and natural philosopher Joseph Priestley (1733–1804); Jenny Uglow (2004) 'Lunar Society of

presided over by society women such as the Duchess of Portland,⁴³ brought together like-minded souls to discuss new ideas and their application. Medical information was available to the general public through the treatises, advice books and recipe books that were published in increasing numbers, for a wide range of audiences.⁴⁴ For instance, John Wesley's *Primitive Physick* (1747) explicitly aimed to put simple medicines in the hands of everyone, and other works were designed specifically for women and families, with titles such as *The Ladies Dispensatory: Or Every Woman Her Own Physician* (1739) and *The Family Physician* (1761). The printed works quoted in the recipe books in this research include George Cheyne's *An Essay on the Gout* (1721)⁴⁵ and Tissot's *Avis au peuple sur sa santé* (1761).⁴⁶

Nevertheless, medical theory and professional practice saw little actual progress. Despite grandiose epithets such as 'the medical Enlightenment', sandwiched between the 'Scientific Revolution' and the 'Age of Reform',⁴⁷ Roy Porter sums up the eighteenth century as a period of 'great expectations,

Birmingham (act. c.1765–c.1800)', *Oxford Dictionary of National Biography*, Oxford University Press, <http://www.oxforddnb.com/view/theme/59220>, accessed 16 January 2015.

⁴³ Lady Margaret Cavendish Bentinck (1715–85), who owned the largest collection of natural history in England. The attendance at her soirées of botanist Benjamin Stillingfleet, who habitually wore blue stockings, led to that name being given to this circle of women. Sam George (2010) 'Animated beings: Enlightenment entomology for girls', *Journal for Eighteenth-Century Studies*, 33:487–505, pp.487, 488.

⁴⁴ Charles Rosenberg (1983) 'Medical text and social context: Explaining William Buchan's *Domestic Medicine*', *Bulletin of the History of Medicine*, 57:22–43.

⁴⁵ U120/F28, Sir Edward Filmer, c.1739–c.1752, KHC.

⁴⁶ MC 443/1, Jane Frere of Roydon Hall, 1777–1815, NRO. Tissot's *Advice to People in General with Regard to Their Health* was first published in England in 1765 in a translation by J. Kirkpatrick.

⁴⁷ Andrew Cunningham & Roger French (eds) (1990) *The Medical Enlightenment of the Eighteenth Century*, Cambridge: Cambridge University Press; John Henry (2002) *The Scientific Revolution and the Origins of Modern Science*, Basingstoke: Palgrave Macmillan; Roger French & Andrew Wear (1991) 'Introduction', in French & Wear (eds), *British Medicine in an Age of Reform*, London: Routledge, 1–8.

disappointing results', since little of what was recommended actually cured any disease and 'its therapeutic efficacy remained hopelessly hit-and-miss'.⁴⁸ The only areas in which medical advances succeeded in prolonging life were inoculation and then vaccination against smallpox (although in fact this was due initially to folk practices rather than scientific experimentation)⁴⁹ and the treatment and prevention of scurvy.⁵⁰ Individual drugs did begin to be studied in detail to establish their efficacy and effects, leading to initiatives such as the use of foxgloves (*digitalis*) in treating dropsy or oedema from research by physician and botanist William Withering (1741–99),⁵¹ and experiments with hemlock and colchicum by Austrian physician Anton von Störk (1731–1803), including trials on animals and patients.⁵² However, not until the mid-nineteenth century was there a general recognition that medicine as it existed was not effective.⁵³ This was the necessary catalyst for a

⁴⁸ Roy Porter (1997) *The Greatest Benefit to Mankind: A Medical History of Humanity From Antiquity to the Present*, London: HarperCollins, p.248; Dorothy Porter & Roy Porter (1989) *Patient's Progress: Doctors and Doctoring in Eighteenth-Century England*, Cambridge: Polity Press, p.27. Stine also notes that 'Both diagnosis and treatment were imprecise' and 'Even the most highly trained physicians had limited means at their disposal to treat most illnesses' ('Opening closets', p.8).

⁴⁹ Keith Thomas (1973) *Religion and the Decline of Magic: Studies in Popular Beliefs in Sixteenth- and Seventeenth-Century England*, Harmondsworth: Penguin, p.790; Porter, *Greatest Benefit*, p.11; J.A. Dudgeon (1963) 'Development of smallpox vaccine in England in the eighteenth and nineteenth centuries', *British Medical Journal*, 1:1367–72.

⁵⁰ Roy Porter (1991) *English Society in the 18th Century*, London: Penguin, p.283.

⁵¹ J.G.L. Burnby (1983) 'The apothecary as man of science', *Medical History Supplement*, 62–78, p.73. In fact the investigation was spurred by a 'secret' recipe from 'an old woman from Shropshire' containing foxglove; Roy Porter (1995) 'The people's health in Georgian England', in Tim Harris (ed.), *Popular Culture in England, c.1500–1800*, Houndmills: Macmillan Press, 124–142, p.125.

⁵² Kelvin Peter Earles (1961) 'Studies in the development of experimental pharmacology in the eighteenth and early nineteenth centuries', PhD thesis, University of London, pp.10, 90.

⁵³ David Wootton (2010) 'Telescopes and stethoscopes', *Progress in Medicine*, Bristol, 13–15 April.

structured study of the evidence for current practices and experimentation to obtain new knowledge.⁵⁴

Various fashionable theories were propagated in the eighteenth century such as iatromechanicalism (the body as a machine)⁵⁵ and the ‘idiom of the nerves’ as an explanation for some conditions,⁵⁶ although, as Jonathan Barry notes, ‘a physician was no more certain of impressing the public with a theoretical account of principles than was a quack’.⁵⁷ What did hold sway throughout this ‘fissiparous diversity’⁵⁸ was humouralism. Originating with Roman physician Galen in the first century AD, this system of thought explained illness as an imbalance – or ‘distemperature’⁵⁹ – between the four bodily activities of ingestion, digestion, assimilation and

⁵⁴ Thomas, *Religion and the Decline of Magic*, p.790.

⁵⁵ Sergio Moravia (1978) ‘From *Homme Machine* to *Homme Sensible*: Changing eighteenth-century models of man’s image’, *Journal of the History of Ideas*, 39(1):45–60. See also Jürgen Helm & Renate Wilson (2008) ‘Introduction and acknowledgements’, in Helm & Wilson (eds), *Medical Theory and Therapeutic Practice in the Eighteenth Century: A Transatlantic Perspective*, Stuttgart: Frank Steiner, 7–12.

⁵⁶ Roy Porter & Dorothy Porter (1988) *In Sickness and in Health: The British Experience 1650–1850*, London: Fourth Estate, p.70; Wayne Wild (2001) ‘Medicine-by-post in eighteenth-century Britain: The changing rhetoric of illness in doctor–patient correspondence and literature’, PhD thesis, Brandeis University, p.10; Virginia Smith (2007) *Clean: A History of Personal Hygiene and Purity*, New York: Oxford University Press, p.249.

⁵⁷ Jonathan Barry (1987) ‘Publicity and the public good: Presenting medicine in eighteenth-century Bristol’, in W.F. Bynum & Roy Porter (eds), *Medical Fringe and Medical Orthodoxy 1750–1850*, Beckenham: Croom Helm, 29–39, p.32.

⁵⁸ Andrew Wear (1995) ‘The meanings of illness in early modern England’, in Yosio Kawakita, Shizu Sakai & Yasuo Otsuka (eds), *History of the Doctor–Patient Relationships: Proceedings of the 14th International Symposium on the Comparative History of Medicine – East and West*, Brentwood, MO: Ishiyaku EuroAmerica, 1–30, p.12. However, Wear’s earlier claim that ‘By 1750 Galenic medicine... had been replaced by chemical and mechanical explanations of the body’ is less evident in the recipe books and correspondence I have examined; (1992) ‘Making sense of health and the environment in early modern England’, in Wear (ed.), *Medicine in Society: Historical Essays*, Cambridge: Cambridge University Press, 119–47, p.120.

⁵⁹ Hannah Newton (2013) “‘Nature’s office and work’: Defeating disease in early modern England, 1580–1720”, *History of Pre-modern Medicine Seminar*, London: Wellcome Library, 5 November.

excretion.⁶⁰ Humoural medicine also tailored a remedy to the individual patient's temperament, rather than recommending a particular drug for each disease, and in contrast to the 'cure-alls' of proprietary medicine.⁶¹ A note at the beginning of a manuscript herbarium explains why:

It is necessary to remark that the remedies here offered will not always produce the desired effects, which may be owing either to the constitution of the patient... or the medicine may be administered improperly & unseasonably: it is sufficient if it generally answers the expectation of the physician. Wherefore a prudent physician ought to have many remedies ready for each complaint that if one is not successful another may be tryd.⁶²

Rather than this system of thought 'ceas[ing] to be held in esteem' as some authors claim,⁶³ references to managing various humours abound in manuscript recipe books and other papers all through the eighteenth century, an example of the developing theory of medicine diverging from continuing practice. For instance, the mid-century Hamond of Westacre collection contains recipes 'to turn a cold humor in a legg' and 'A diett drink to purg the blood expell mallencholy cholick &c'⁶⁴; in the 1790s Susannah Fremeaux's daughter was said to have had 'a humour... about her nose... of a very bad sort', for which a Dr Syme recommended spa water and purges to prevent it 'fall[ing] on her lungs'.⁶⁵ The influence of Galenism⁶⁶ can also be seen in

⁶⁰ Porter & Porter, *In Sickness and in Health*, p.52; Porter, *Greatest Benefit*, pp.56–7.

⁶¹ Wear, 'Meanings of illness', p.11.

⁶² U DX/68/1, 1757–1817, herbarium of William Whytehead (c.1730–1817), vicar of Atwick, HHC.

⁶³ For example Cunningham & French, *Medical Enlightenment*, p.2.

⁶⁴ HMN 4/5, Hamond of Westacre, 1739–79, NRO. The Hamonds were a gentry family who purchased the Westacre Estate in South Wootton, Norfolk, in 1761.

⁶⁵ Th 2223, Notebooks of Susannah Fremeaux, 1784–92, Thornton (Brockhall) Collection, Northamptonshire Record Office, May 1790.

⁶⁶ Peter Elmer (2004) 'Introduction', in Elmer (ed.), *The Healing Arts: Health, Disease and Society in Europe, 1500–1800*, Manchester: Manchester University Press, xi–xxiv, p.xiv; see also Anne Digby (1994) *Making a Medical Living: Doctors and Patients in the English Market for Medicine, 1720–1911*, Cambridge: Cambridge University Press, p.80.

the obsessive use of phlebotomy⁶⁷ and the ‘energetic waste disposal’⁶⁸ of purges and vomits. For example, Katharine Palmer’s receipt book includes ‘A safe purge of cold humors, flegm, & choler’ and MS 1320 details ‘An excelent glister to draw away any humour you fear may be gathering inwardly’.⁶⁹ A letter from eminent physician Sir Hans Sloane (1660–1753) states:

I am sorry to hear you have had so bad a fitt of the headach & find you have a sower humour at your stomach ... I hope in extremities you will not forgett to bleed & blister. I would also be glad you made your nose run with some sort of snuff.⁷⁰

Humoural thinking is also evident in the emphasis on a healthy diet and regimen to prevent ‘dis-ease’; and in more systematic regimes such as vegetarianism and balneology or cold-water therapy.⁷¹ As late as 1767, Swiss physician Samuel-Auguste Tissot (1728–97) classified health as existing when there was neither too much nor too little movement in any of the bodily fluids.⁷² Indeed, Seale et al. point out that because physicians (and patients) believed that practices such as bleeding were effective therapeutically, the newer theories included some explanation of why

⁶⁷ Guy Williams reports that the ‘urge to draw blood became almost a frenzy’; (1975) *The Age of Agony: The Art of Healing c.1700–1800*, London: Constable, p.14. Bloodletting was not only to deal with a condition but also prophylactic, to stimulate blood flow; Porter & Porter, *In Sickness and in Health*, p.49.

⁶⁸ Roy Porter (1994) ‘Consumption: Disease of the consumer society?’ in Brewer & Porter, *Consumption and the World of Goods*, 58–81, p.60.

⁶⁹ MS 7976, ‘A collection of the best receipts’, Katharine Palmer, 1700–39, WL; MS 1320, ‘My Physick Book’, 1710–25, WL, possibly belonging to a K. Windham.

⁷⁰ Letter from Sir Hans Sloane, 24 December 1726. Signed ‘your affect. father’ and addressed to ‘Sir’, but as his son Hans died in infancy (see Arthur MacGregor [2004] ‘Sloane, Sir Hans, baronet (1660–1753)’, *Oxford Dictionary of National Biography*, Oxford University Press, <http://www.oxforddnb.com/view/article/25730>, accessed 3 December 2013), this is likely to have been John Fuller (c.1680–1745), husband of Sloane’s step-daughter Elizabeth Rose (1681–1728). RAF/F/13/3, Fuller family papers, 1720–42, ESRO.

⁷¹ Roy Porter (1993) *Disease, Medicine and Society in England, 1550–1860*, Cambridge: Cambridge University Press, pp.20, 23; Smith, *Clean*, pp. 241–3.

⁷² Ulinka Rublack & Pamela Selwyn (2002) ‘Fluxes: The early modern body and the emotions’, *History Workshop Journal*, 53:1–16, p.1.

that was the case.⁷³ As a contemporary poem describes the ‘Ten Utensils’ of the doctor’s trade:

or in ten Words, the whole Art is compris’d;
For some of the Ten are always advis’d.
Viz.
Piss, Spew, and Spit,
Perspiration and Sweat;
Purge, Bleed, and Blister,
Issues and Clyster.⁷⁴

These methods have otherwise been described as ‘practices of removal or extraction’.⁷⁵ Furthermore, regardless of the theory they espoused, many physicians issued prescriptions for the same standard remedies, partly because that was what their patients expected.⁷⁶ In her study of epistolary medical consultation Smith notes that doctors gave recommendations reflecting a humoural framework, since that was language patients understood.⁷⁷ A remedy ‘worked’ if it had an effect on the body, which often made the patient feel worse rather than better, at least in the short term.⁷⁸ When medicine was predominantly palliative rather than curative, prevention was acknowledged as vital,⁷⁹ and the Galenic idea of the ‘non-naturals’, including what one ate, drank and excreted, the air one breathed and the amount of exercise and

⁷³ Clive Seale, Stephen Pattison & Basiro Davey (2001) *Medical Knowledge: Doubt and Certainty*, Buckingham: Open University Press, p.99.

⁷⁴ Edward Baynard (1721) *Health, a Poem*, Dublin: George Grierson, p.37.

⁷⁵ Noelle Gallagher (2013) ‘Satire as medicine in the Restoration and early eighteenth century: The history of a metaphor’, *Literature and Medicine*, 31:17–39, p.22.

⁷⁶ Wild, ‘Medicine-by-post’, pp.8, 187.

⁷⁷ Lisa W. Smith (2008) “‘An account of an unaccountable distemper’: The experience of pain in early eighteenth-century England and France”, *Eighteenth-Century Studies*, 41(4):459–80, p.463. Wear agrees, noting that this was how both patients and physicians visualised or imagined illness; ‘Meanings of illness’, p.13.

⁷⁸ Rebecca J. Tannenbaum (1996) ‘A woman’s calling: Women’s medical practice in New England, 1650–1750’, PhD thesis, Yale University; Porter & Porter, *In Sickness and in Health*, p.105.

⁷⁹ Porter & Porter, *In Sickness and in Health*, p.27.

sleep one obtained, was repackaged for the age by fashionable physicians such as George Cheyne.⁸⁰

Ludmila Jordanova notes that central to Enlightenment medical thinking was a ‘secular progressivism’, the belief that illness and death could be avoided through the development of knowledge and human ability.⁸¹ Nevertheless, in diaries and other writings – as well as the occasional recipe, for instance a remedy ‘To heal an old cough’, which ‘will help you by Gods Grace’,⁸² or one for gout ‘which I have taken and by Gods blessing found great good by it’⁸³ – a belief in divine assistance can still be ascertained. Keir Waddington comments that even ‘doctors did not abandon God or theology in their explanations of disease or in their practices’.⁸⁴ Ian Mortimer posits that rather than ‘divine healing power’ being replaced altogether, in the spirit of ‘medical individualism’ medicines were viewed as ‘supplementing... and facilitating the healing power of God’.⁸⁵

Folk practices did not entirely disappear either. The use of charms as remedies persisted into the nineteenth century⁸⁶; Withey notes that ‘healing charms... dovetailed easily with humoural notions of illness as a foreign matter

⁸⁰ Wild, ‘Medicine-by-post’, p.8; Steve Shapin (2003) ‘Trusting George Cheyne: Scientific expertise, common sense, and moral authority in early eighteenth-century dietetic medicine’, *Bulletin of the History of Medicine*, 77:263–97, p.272; George Cheyne (1724) *An Essay of Health and Long Life*, London: George Strahan.

⁸¹ Ludmilla Jordanova (1999) *The Sense of a Past in Eighteenth-Century Medicine: The Stenton Lecture 1997*, Reading: University of Reading, p.4.

⁸² D5336/2/26/9, Pares of Leicester and Hopwell Hall, c.1739, DRO.

⁸³ D3155/WH 2702, Isaac Borrow, DRO, letter from Mary Gregg dated 7 June 1743.

⁸⁴ Keir Waddington (2011) *An Introduction to the Social History of Medicine: Europe since 1500*, Basingstoke: Palgrave Macmillan, p.46.

⁸⁵ Ian Mortimer (2005) ‘The triumph of the doctors: Medical assistance to the dying, c.1570–1720’, *Transactions of the Royal Historical Society*, Sixth Series, 15:97–116, pp.97, 114.

⁸⁶ Bob Bushaway (1995) “‘Tacit, unsuspected, but still implicit faith’: Alternative belief in nineteenth-century rural England, in Harris, *Popular Culture*, 189–215, p.195.

which needed to be driven out’.⁸⁷ For instance, William Grasing’s commonplace book includes a theologically mixed charm ‘For the ague’:

Abracadabra
Abracadabr
Abracadab
Abracada
Abracad
Abraca
Abrac
Abra
Abr
Ab
A
Gloria Excelsis Deo⁸⁸

Traces of rituals can potentially be seen in recommendations for collecting herbs at particular times of the day or year, although Hatfield notes that the often-mentioned May would be when the plants were experiencing maximum growth and thus therapeutic potential, which is borne out by modern plant chemistry.⁸⁹ In addition, although some traditional remedies such as those using animals were deleted from the *London Pharmacopeia* of 1721 when the latter’s content was streamlined and simplified,⁹⁰ they continue in the recipe books and therefore possibly in popular practice, indicating the persistence of long-held beliefs. A remedy for the gout runs as follows:

Take a little dog newly whelped from the bitch... then dresse him as you would doe a pig, the haire of[f] and take forth the gutts from the sides, ripping or cutting the sides... then take nettles and stamp them, with 2 ounces of brimstone, 4 yolkes of

⁸⁷ Withey, *Physick and the Family*, loc. 915 [Kindle edn].

⁸⁸ P218/MI/1, accounts of William Grasing of Minsterworth (d. 1798), yeoman, 1770–96, GA. This charm is claimed to be Hebrew in origin and, without the final line, is included in Daniel Defoe’s *A Journal of the Plague Year* (1722) as one way ‘the deceived’ attempted to ward off plague. Thomas R. Forbes (1971) ‘Verbal charms in British folk medicine’, *Proceedings of the American Philosophical Society*, 115:293–316, p.295; <http://www.gutenberg.org/files/376/376-h/376-h.htm>, accessed 25 January 2015.

⁸⁹ Hatfield, ‘Domestic medicine’, p.22.

⁹⁰ Earles, ‘Studies’, pp.75–80.

egges and 4 ounces of turpentine; mingle all these together, and put itt in the whelps belly, sowing the place up verry close, that none of these mixtures com forth, then rost him soe with a faire soft fire, and the dripping that coms from him, keepe for your use, and when the greafe [pain] troubles you, take of this fatt and anoynt the greife therewith.⁹¹

Medical knowledge is not absolute but is culturally determined and dependent on the meanings contemporaries assign to the concepts of health and its absence.⁹² Elmer stresses the need to ‘understand how contemporaries thought about... disease *in their own time*’.⁹³ Setpoint theory in psychology advocates that everyone has their own setpoint of happiness that varies according to genetic make-up and disposition. Life events, either good or bad, may move us from this position, but only temporarily. Through a process called ‘hedonic adaptation’, we adjust to our new situation and return to the previous level of happiness,⁹⁴ in the same way as when on holiday in a hot country we adjust to the temperature, but readjust when we return home. While this theory has been challenged,⁹⁵ it is intriguing to speculate whether something similar was operating in terms of the level of health, or rather its lack, that people accepted as normal in the eighteenth century. If one were continually suffering from colds or headaches, for example, that might be one’s base or setpoint level of well-being, to which one would return after a brief respite of better health or a bout of something more serious. Or, as Anne Digby asks, ‘Was health perceived as merely

⁹¹ MS 7818, mid-17th–early 18th century, WL.

⁹² Willem de Blécourt & Cornelia Osborne (2004) ‘Medicine, mediation and meaning’, in de Blécourt & Osborne (eds), *Cultural Approaches to the History of Medicine: Mediating Medicine in Early Modern and Modern Europe*, Basingstoke: Palgrave Macmillan, 1–10.

⁹³ Elmer, ‘Introduction’, p.xv, italics in original.

⁹⁴ Philip Brickman & Donald T. Campbell (1971) ‘Hedonic relativism and planning the good society’, in M.H. Appley (ed.), *Adaptation-Level Theory: A Symposium*, New York: Academic Press, 287–302.

⁹⁵ For example Richard A. Easterlin (2004) ‘The economics of happiness’, *Daedalus*, 133(2):26–33.

an interval between sickness...?’⁹⁶ Thus, health and the experience of illness are socially constructed, shaped by the context of a particular actor,⁹⁷ and only something that goes against expectations is likely to be a major disruption.⁹⁸

Changes in those expectations may also lead to the medicalisation of life stages such as the menopause or death – Erasmus Darwin even considered ‘means of preventing old age’⁹⁹ – that had previously been ‘accepted stoically’ and not as something necessarily requiring management.¹⁰⁰ That would be more likely to happen if there were a ready supply of medical practitioners waiting to attend to the ‘new’ condition.

Professionalisation

There were three types of regular medical practitioner – a ‘tripartite model’¹⁰¹ of physicians, surgeons and apothecaries, in descending order of prestige – and their training and role were increasingly defined and formalised over the eighteenth century, at least as far as the relevant regulatory bodies were concerned. In practice, the boundaries between them were decidedly blurred.

⁹⁶ Digby (1994) *Making a Medical Living*, p.76.

⁹⁷ Ludmilla Jordanova (1995) ‘The social construction of medical knowledge’, *Social History of Medicine*, 7(3):361–81, p.362; Phil Brown (1995) ‘Naming and framing: The social construction of diagnosis and illness’, *Journal of Health and Social Behavior*, 35:34–52.

⁹⁸ Roy Porter (1985) ‘The patient’s view: Doing medical history from below’, *Theory and Society*, 14(2):175–98, p.184.

⁹⁹ Porter, *English Society*, p.284.

¹⁰⁰ Digby, *Making a Medical Living*, p.77; Wear, ‘Making sense of health’, p.140.

¹⁰¹ Teerapa Pirohakul & Patrick Wallis (2013) ‘After the revolution? Medical demand in England, 1660–1800’, *Europe’s Medical Revolutions: Markets and Medicine in Early Modern Europe*, London: LSE, 11 January, p.22.

Table 1.2 Medical practitioners in England, 1783

	Physicians	Surgeons	Apothecaries	Surgeon-apothecaries
Total (%)	363 (11.4)	89 (2.8)	105 (3.3)	2607 (82.3)
Selected counties				
Yorkshire	42	8	11	233
Kent	12	–	–	161
Norfolk	1	14	1	129
Devonshire	11	8	17	117
Somerset	29	18	53	93
London	148	220	600	–

Sources: Joan Lane (1984) ‘The medical practitioners of provincial England in 1783’, *Medical History*, 28: 353–371, Table 1; W.F. Bynum (2002) ‘Physicians, hospitals and career structures in eighteenth-century England’, in W.F. Bynum and Roy Porter (eds), *William Hunter and the Eighteenth-Century Medical World*, Cambridge: Cambridge University Press, 105–128, p. 106.

Table 1.2, based mainly on Joan Lane’s study of the *Medical Register* for 1783, reveals a total of 3164 qualified provincial practitioners, of whom the vast majority were surgeon-apothecaries. Bynum reports numbers for London from the same register, again with a preponderance of apothecaries (61.9%), and calculates that the ratio of qualified practitioners to head of population in London was 1:800; based on Lane’s figures, for the country as a whole it would have been about 1:2500.¹⁰² Patrick Wallis has identified continuing growth in the provision of medical services outside London after 1730, whereas that inside the capital plateaued.¹⁰³

¹⁰² W.F. Bynum reports that the population of London was around 800,000; (2002) ‘Physicians, hospitals and career structures’, in W.F. Bynum & Roy Porter (eds), *William Hunter and the Eighteenth-Century Medical World*, Cambridge: Cambridge University Press, 105–28, p.106. That of the whole country was some 8 million; estimate by contemporary John Rickman, in David Bayne Horn & Mary Ransome (1996) *English Historical Documents 1714–1783*, London: Routledge, p.508.

¹⁰³ Teerapa Pirohakul & Patrick Wallis (2014) ‘Medical revolutions? The growth of medicine in England, 1660–1800’, Economic History Working Papers No. 185/2014, London: LSE.

A physician's role was to diagnose, advise and prescribe treatments as well as continuing attendance if required.¹⁰⁴ However, just because a physician boasted a medical degree did not ensure he had extensive practical experience or the appropriate diagnostic skills, and many practitioners claimed the status of 'Dr' when they were not entitled to it.¹⁰⁵ Diagnosis was not based on physical examination but more on the patient's temperament, medical history and account of their condition. Despite Sydenham's contention that 'You must go to the bedside. It is there alone you can learn disease',¹⁰⁶ medical consultation by post was a common feature of the relationship with a physician, particularly among the aristocracy when they were travelling or otherwise remote from their London practitioner. The corresponding patients were medically well informed and curious, even questioning the diagnosis or prescribed remedies.¹⁰⁷ The physician could not rely on an assumption of authority because of his supposedly superior learning or on obfuscation through language. Thus he needed to portray himself as cultured and compassionate, and of 'exemplary moral character',¹⁰⁸ in order to persuade patients to take his advice, and indeed to consult him in the first place. Michael Brown's work has identified how medical practitioners sought to become part of their local society and stress their identity as

¹⁰⁴ Roy Porter, *Disease, Medicine and Society*, p.7.

¹⁰⁵ Frank Egerton (1970) 'Richard Bradley's illicit excursion into medical practice in 1714', *Medical History*, 14:53–62, p.53.

¹⁰⁶ Dr Thomas Sydenham (1624–89) was as influential English physician who based his practice on detailed examinations of patients (<http://www.britannica.com/EBchecked/topic/577463/Thomas-Sydenham>, accessed 20 January 2015). Quoted in Penelope J. Corfield (1995) *Power and the Professions in Britain 1700–1850*, London: Routledge, p.138.

¹⁰⁷ Wild, 'Medicine-by-post', pp.9, 12–13, 15–16. Lisa Smith's project on 'Reconstructing the Lives of Doctor Sloane and His Patients in Eighteenth-Century England' is also shedding light on this kind of epistolary consultation; see <http://www.sloaneletters.com>.

¹⁰⁸ Wild, 'Medicine-by-post', p.11.

polite and sociable gentleman, a culture that he terms ‘medico-gentility’.¹⁰⁹ Deference to patients’ whims and opinions was ‘the price of favour’ and was necessary for the physician to continue to make a living.¹¹⁰

Physicians tended to look down on surgeons, who did the physical work of medical care. The reputation of surgeons was not enhanced by their longstanding association with barbers, which did not officially end until 1745,¹¹¹ and it was only in the nineteenth century that the hospital surgeon became a person of high renown.¹¹² Venereal disease formed a lucrative part of a surgeon’s practice, perhaps constituting three-quarters of his income.¹¹³ Surgeons would also deal with broken bones and conduct minor operations.¹¹⁴ Their tools were ‘the knife, the leech, the plaster and the bandage’, although sometimes they ventured into physicians’ territory by treating fevers and other conditions from which their patients were also suffering.¹¹⁵

Apothecaries began as shopkeepers who dispensed medicine, but over the eighteenth century their role grew to encompass prescribing and visiting the sick, facilitated by the growing demand for provincial medical practitioners.¹¹⁶ Wallis found that apothecaries were gradually displacing physicians and becoming the practitioner of first or only resort, because their physical premises gave them an

¹⁰⁹ Michael Brown (2011) *Performing Medicine: Medical Culture and Identity in Provincial England, c.1760–1850*, Manchester: Manchester University Press, p.7.

¹¹⁰ Roy Porter (1985) ‘William Hunter: A surgeon and a gentleman’, in Bynum & Porter, *William Hunter*, 7–34, p.20.

¹¹¹ Porter, *Disease, Medicine and Society*, p.12.

¹¹² Bernice Hamilton (1951) ‘The medical profession in the eighteenth century’, *Economic History Review*, 4:141–169.

¹¹³ Geoffrey Holmes (1982) *Augustan England: Professions, State and Society, 1680–1730*, London: George Allen & Unwin, p.198.

¹¹⁴ Roy Porter (1992) ‘The patient in England, c.1660–c.1800’, in Wear, *Medicine in Society*, 91–118, p.92.

¹¹⁵ Holmes, *Augustan England*, pp.195, 198.

¹¹⁶ Joseph F. Kett (1964) ‘Provincial medical practice in England 1730–1815’, *Journal of the History of Medicine and Allied Sciences*, January:17–29, pp.18, 20.

opportunity to interact with more patients on a regular basis.¹¹⁷ Burnby's investigation of the role indicates that apothecaries were self-educated and cultured. They required skill and knowledge to fulfil their duties, although usually gained through the legally mandated apprenticeship rather than university training¹¹⁸; few surgeons or apothecaries had passed a formal examination in medicine.¹¹⁹ Alannah Tomkins concludes that rather than relying on professional training to reinforce their authority, apothecaries were more likely to draw on their connections as a member of the community,¹²⁰ and on involvement in the public sphere as what Shani D'Cruze terms a 'community broker'.¹²¹ It was nevertheless important to choose one's apothecary carefully, as fraudulent practice was not unknown, particularly overcharging for drugs to make up for the lack of fees.¹²²

In practice there was no rigid differentiation between titles for medical practitioners and they appear to have been combined at will, particularly outside London where regulation was not enforced.¹²³ Loudon notes instances of 'surgeon,

¹¹⁷ Patrick Wallis (2014) 'The transformation of medicine in early modern England', *History of Pre-Modern Medicine Seminar*, London: Wellcome Library, 4 February; Pirohakul & Wallis, 'Medical revolutions?', pp.23, 25.

¹¹⁸ J.G.L. Burnby (1983) 'Introduction: A study of the English apothecary from 1660 to 1760', *Medical History Supplement*, 1–3; Irvine Loudon (1985) 'The nature of provincial medical practice in eighteenth-century England', *Medical History*, 29:1–32, p.31.

¹¹⁹ W.F. Bynum & Roy Porter (1987) 'Introduction', in Bynum & Porter, *Medical Fringe*, 1–4, p.2.

¹²⁰ Alannah Tomkins (2011) 'Who were his peers? The social and professional milieu of the provincial surgeon-apothecary in the late-eighteenth century', *Journal of Social History*, Spring:915–935, pp.916, 919.

¹²¹ Shani D'Cruze (1994) 'The middling sort in eighteenth-century Colchester: Independence, social relations and the community broker', in Jonathan Barry & Christopher Brooks (eds), *The Middling Sort of People: Culture, Society and Politics in England 1550–1800*, Basingstoke: Macmillan, 181–2, quoted in Tomkins, 'Who were his peers?', p.916.

¹²² Lester S. King (1958) *The Medical World of the 18th Century*, Chicago, IL: University of Chicago Press, p.11.

¹²³ Michael Neve (1987) 'Orthodoxy and fringe: Medicine in late Georgian Bristol', in Bynum & Porter, *Medical Fringe*, 40–55, p.40; Kett, 'Provincial medical practice', p.17; Digby, *Making a Medical Living*, p.29.

apothecary, and man-midwife' and 'physician and surgeon' as well as the more common surgeon-apothecary.¹²⁴ Furthermore, the fluid boundaries between these occupations led to individual practitioners describing themselves by more than one label, as illustrated in Pirohakul and Wallis's research into medical debts in probate accounts; they note that '[t]his could reflect differences in what they were doing, but it might not'.¹²⁵ In the provinces where practitioners were more sparsely located, patients consulted whichever category of expert they found most convenient. Multiple practitioners were common: James Fretwell (b. 1699) writes that his mother had a fall, for which she consulted a bone-setter: 'She made use of crutches for some time, and had a sore illness, during which she was under the care of Dr. Eyre [Charles Eyre of Doncaster] and Mr. Malin [Thomas Malin, surgeon and apothecary]'.¹²⁶

In the light of this thesis's focus on the role of domestic knowledge in an era of professionalisation, it is important to consider to what extent this range of loosely distinguished practitioners can be said to constitute a profession. The particularly grey area was the lack of true distinction between physicians and those practitioners who engaged in trade, such as apothecaries.¹²⁷ It was not until the nineteenth century, particularly the establishment of the General Medical Council of Great Britain in 1858, that the medical profession became 'confined within specified boundaries'.¹²⁸

¹²⁴ Loudon, 'Nature of provincial medical practice', p.7.

¹²⁵ Pirohakul & Wallis, 'After the revolution?', p.18.

¹²⁶ 'A Family History begun by James Fretwell', entry dated May 27, 1732, in Charles Jackson (ed.) (1877) *Yorkshire Diaries and Autobiographies in the Seventeenth and Eighteenth Centuries*, Durham: Surtees Society, <http://archive.org/details/yorkshirediarie01marggoog>, accessed 16 October 2013.

¹²⁷ Holmes, *Augustan England*, p.5.

¹²⁸ Corfield, *Power and the Professions*, p.156.

There was then a consensus that certain practitioners ‘were the sole authorities in medical matters’, which Beier notes is necessary in order to create a profession.¹²⁹

Instead of relying on formal professional status, medical practitioners of all persuasions needed to earn their patients’ trust, which Corfield suggests they achieved by offering ‘the discreet sympathy of a wise family friend’.¹³⁰ As Porter and Porter comment, ‘It was individual, face-to-face encounters that tipped the balance between distrust and confidence.’¹³¹ Another way forward was suggested in 1773 by a proposed London Medical Society, which opted for the combined designation of ‘doctor’ for its members, who were to constitute ‘Physicians, Surgeons, and Apothecaries; and others versed in sciences connected with medicine’.¹³² This is in line with Brown’s view of the medical profession of the time as ‘less a structural category than an imaginative concept, a point of individual and collective self-identification’.¹³³ On a more mercenary level, Joan Lane suggests that ‘[m]edicine could fight for recognition alongside law and other respected professions by being profitable’.¹³⁴

It is difficult to estimate how often people resorted to medical practitioners of whatever variety. Ian Mortimer’s research into medical care for the seriously ill charts dramatically increasing expenditure on medical attendance and medicaments between the end of the sixteenth century and the beginning of the eighteenth:

¹²⁹ Lucinda McCray Beier (1987) *Sufferers and Healers: The Experience of Illness in Seventeenth-Century England*, London: Routledge & Kegan Paul, p.5.

¹³⁰ Corfield, *Power and the Professions*, p.143.

¹³¹ Porter & Porter, *Patient’s Progress*, p.69.

¹³² Corfield, *Power and the Professions*, p.140.

¹³³ Brown, *Performing Medicine*, p.6.

¹³⁴ Joan Lane (1987) ‘A provincial surgeon and his obstetric practice: Thomas W. Jones of Henley-in-Arden, 1764–1846’, *Medical History*, 31:333–48, p.342.

threefold overall and tenfold in some areas of the south of England.¹³⁵ He attributes this to the increasing availability of practitioners and also a changing attitude in favour of using medicine more frequently.¹³⁶ Wallis's study of eighteenth-century probate records extends the same kind of analysis to a wider sample and has reached parallel conclusions, identifying both an increasing trend to call on a practitioner and a growth in expenditure on their services. This growth was more acute outside London; in fact, by the 1780s the degree of expenditure in the capital and the regions had broadly converged. What is interesting is a differentiation by gender, with women more likely to spend on medical care, in particular nursing; most of the women represented in the survey were widows, in contrast to men who would have had wives or housekeepers to look after them.¹³⁷ Furthermore, what the data for these studies is not capable of yielding with any certainty is the status of the practitioners consulted or from whom supplies were purchased. It is likely some of the remedies were quack or proprietary medicines, whose availability was fostered by growing commercialisation.

Commercialisation

The eighteenth century has been called the 'golden age' of quackery, an umbrella term that was used, often pejoratively, to denote anyone who did not fit into the categories of physician, surgeon or apothecary and was operating on a purely

¹³⁵ Ian Mortimer (2004) 'Medical assistance to the dying in provincial southern England, c.1570–1720', PhD thesis, University of Exeter, p.2.

¹³⁶ Mortimer, 'Triumph of the doctors', pp.97, 99, 110.

¹³⁷ Wallis, 'Transformation of medicine'; Pirohakul & Wallis, 'Medical revolutions?', p.25, 'After the revolution?', p.14.

commercial basis.¹³⁸ There was no hard-and-fast distinction, since some of those who sold proprietary medicines or claimed healing abilities were regular practitioners boosting their income through their marketing skills.¹³⁹ For instance, Robert James (1703–66) was a licentiate of the College of Physicians and author of *The Medicinal Dictionary* (1743), but from 1747 until his death in 1776 he spent his time promoting his patented and very successful fever powders.¹⁴⁰ Porter stresses that in reality this is not a question of insiders versus outsiders, professionals versus their polar opposites, and proposes that the provision of medical services should be considered in occupational rather than vocational terms; they were all ‘competing for custom, recognition and reward’.¹⁴¹ Along similar lines, Margaret Pelling and Charles Webster propose a definition of ‘medical practitioner’ as ‘any individual whose occupation is basically concerned with the care of the sick’.¹⁴²

Loudon suggests that one way of spotting a quack is by the conditions they claim to cure, usually eye problems, ruptures, cancers, deafness and venereal disease.¹⁴³ These early modern entrepreneurs were as flashy in their public appearances as in their advertising. A ‘Doctor’ Katterfelto (d. 1799) promoted his influenza medicine by using a ‘solar microscope’ to show the thousands of ‘insects’ supposedly dwelling in a water drop, charged people to watch him ascending in a

¹³⁸ W.F. Bynum (1987) ‘Treating the wages of sin: Venereal disease and specialism in eighteenth-century Britain’, in Bynum & Porter, *Medical Fringe*, 5–28, p.6; Roy Porter (2001) *Quacks: Fakers and Charlatans in English Medicine*, Charleston, SC: Tempus, p.11.

¹³⁹ Porter, *Quacks*, p.21.

¹⁴⁰ <https://www.rsm.ac.uk/library/exhibitions/feature-of-the-month/november-2013-robert-james.aspx>, accessed 21 January 2015.

¹⁴¹ Porter, *Quacks*, p.29.

¹⁴² Margaret Pelling & Charles Webster (1979) ‘Medical practitioners’, in Charles Webster (ed.), *Health, Medicine and Morality in the Sixteenth Century*, Cambridge: Cambridge University Press, 165–236, p.166.

¹⁴³ Loudon, ‘Nature of provincial medical practice’, p.3.

hydrogen balloon, and travelled with numerous black cats in a coach pulled by six black horses.¹⁴⁴

The availability of proprietary medicine was fostered by what has been termed ‘the birth of a consumer society’,¹⁴⁵ distinguished by the importance placed on consumption of a wider range of goods by people at all levels of society, although the timing of its emergence is disputed.¹⁴⁶ It is important to note that there is increasing evidence that the growth in spending was merely a continuation of what had already occurred in the seventeenth century¹⁴⁷; what was different about the eighteenth was that the desire to buy was equalled by the ability to do so, both in terms of greater spending power and more opportunities to purchase.¹⁴⁸ Shops were becoming more numerous and sophisticated, particularly in urban areas, and competed with one another for buyers. One could also visit street markets or auctions, purchase by post or buy from an itinerant hawker. Some traders would visit the customer: in an early version of ‘no win, no fee’, ‘James & Eliz: Wittey at No. 10 New James Street Manchester Square cure the tooth ach for a shilling without pain or drawing. No cure no pay they will come to your house for half a crown’.¹⁴⁹

¹⁴⁴ Williams, *Age of Agony*, p.176; Patricia Fara (2004) ‘Katterfelto, Gustavus (d.1799)’, *Oxford Dictionary of National Biography*, Oxford: Oxford University Press, <http://www.oxforddnb.com/view/article/15187>, accessed 17 January 2015.

¹⁴⁵ Neil McKendrick, John Brewer & J.H. Plumb (1983) *The Birth of a Consumer Society: The Commercialization of Eighteenth-Century England*, London: Hutchinson.

¹⁴⁶ Claire Walsh (2006) ‘Shops, shopping, and the art of decision making in eighteenth-century England’, in John Styles & Amanda Vickery (eds), *Gender, Taste, and Material Culture in Britain and North America, 1700–1830*, New Haven, CT: Yale University Press, 151–77, p.151; Lorna Weatherill (1996) *Consumer Behaviour and Material Culture in Britain 1660–1760*, London: Routledge, p.20.

¹⁴⁷ See for instance John E. Crowley (1999) ‘The sensibility of comfort’, *American Historical Review*, 104:749–82.

¹⁴⁸ McKendrick et al., *Birth of a Consumer Society*, p.23.

¹⁴⁹ Add MS 29740, c.1750, BL.

However, it is difficult to ascertain how far the purchasing of medicines was truly part of this vogue for consumption, since they are different in nature from the ‘new domestic possessions’ such as tea tables, coffee pots, ‘buckles, buttons and medallions’.¹⁵⁰ The ‘polite sociability’ that occurred in fashionable establishments, with comfortable chairs for customers as well as gracious furnishings such as mirrors and pictures, is less evident in the accounts of apothecaries’ shops, for example.¹⁵¹ Here, Adam Smith’s notion of ‘conveniency’ comes into play: the purchasing of not only luxuries but also necessities was becoming more widely accepted because it provided ‘ease of body and mind’ for all levels of society.¹⁵² What was perhaps more important in the purchasing of particular kinds of medicines and medical services was the growth of a cult of ‘sensibility’,¹⁵³ particularly in relation to the ‘fashionable diseases’ of the nerves. As Porter notes, ‘It was an age when it had become fashionable to be ill, and when fashion led people to choose their illnesses, their doctors and their medicines’.¹⁵⁴ Frank Trentmann stresses that consumption is about more than acquisition, but ‘consists of a bundle of goods, practices, and representations’.¹⁵⁵ The way people ‘consumed’ medicine, whether that be through buying a preparation ready-made, obtaining the ingredients to manufacture a remedy

¹⁵⁰ Maxine Berg (2005) *Luxury and Pleasure in Eighteenth-Century Britain*, Oxford: Oxford University Press, p.19.

¹⁵¹ Patrick Wallis (2008) ‘Consumption, retailing, and medicine in early-modern London’, *Economic History Review*, 61(1):26–52, p.48.

¹⁵² Adam Smith, *The Theory of Moral Sentiments*, quoted in Crowley, ‘Sensibility of comfort’, p.772.

¹⁵³ Digby, *Making a Medical Living*, p.39; G.J. Barker-Benfield (1996) *The Culture of Sensibility: Sex and Society in Eighteenth-Century Britain*, Chicago, IL: University of Chicago Press.

¹⁵⁴ Roy Porter (1987) ‘The language of quackery in England, 1660–1800’, in Peter Burke & Roy Porter (eds), *The Social History of Language*, Cambridge: Cambridge University Press, 73–103, p.94.

¹⁵⁵ Frank Trentmann (2012) ‘Introduction’, in Trentmann, *Oxford Handbook of the History of Consumption*, 1–19, p.8.

domestically, or gaining advice from a physician or a trusted friend, was becoming more of a choice and could form a deliberate part of one's identity.

Consumption is also about 'symbolic communication',¹⁵⁶ and the exchange of tips and information was a fundamental part of female relationships in particular.¹⁵⁷ 'Useful knowledge'¹⁵⁸ was all the more important in an environment of greater variety, where there might be practitioners to avoid and substandard or adulterated products,¹⁵⁹ as well as confusing ingredients. Examples can be seen in the pages of recipe manuscripts. For instance, the compiler of an early eighteenth-century 'Book of Physick' notes that unicorn's horn 'is bought the Drugests & is the bone of a Sea Horse' and recommends 'Tincture of sulpher... the best I know is the dark tincture with turpentine bought at London the deepest sort, not the dispensary sort'.¹⁶⁰

A growth in imported medicinal ingredients had already occurred in the seventeenth century,¹⁶¹ along with the increasing expectation that remedies should be part of treatment. What was different about the commercial environment of the

¹⁵⁶ *Ibid.*, p.9.

¹⁵⁷ Amanda Vickery (1998) *The Gentleman's Daughter: Women's Lives in Georgian England*, New Haven, CT: Yale University Press, pp.169, 183.

¹⁵⁸ Berg, *Luxury and Pleasure*, p.268.

¹⁵⁹ Claire Walsh (2008) 'Shopping at first hand? Mistresses, servants and shopping for the household in early-modern England', in David Hussey & Margaret Ponsonby (eds), *Buying for the Home: Shopping for the Domestic from the Seventeenth Century to the Present*, Aldershot: Ashgate, 13–26, p.26; Wallis, 'Consumption, retailing, and medicine', p.26.

¹⁶⁰ MS 1320, WL.

¹⁶¹ Brian Cowan reports that there was a 25-fold increase in imported drugs between 1600 and 1700; (2000) 'The social life of coffee: Commercial culture and metropolitan society in early modern England, 1600–1720', PhD thesis, Princeton University, p.70. Wallis similarly identifies a 'boom' in imports of medical drugs in the seventeenth century, but slower growth in the subsequent 50 years compared to other exotic imports such as tea and chocolate; (2012) 'Exotic drugs and English medicine: England's drug trade, c.1550–c.1800', *Social History of Medicine*, 25:20–46. This kind of relative decline in the trade in spices specifically is highlighted by Stefan Halikowski Smith (2007) 'Demystifying a change in taste: Spices, space, and social hierarchy in Europe, 1380–1750', *International History Review*, 29:237–257.

eighteenth century was the deluge of advertising,¹⁶² particularly of proprietary medicines. These cure-alls and nostrums were usually ineffective and sometimes dangerous, with ingredients such as mercury and opium.¹⁶³ A demand needed to be created for pre-prepared remedies, as opposed to those that had hitherto been largely produced within the home or obtained from the apothecary on a physician's instructions.¹⁶⁴ In fact proprietary medicines were one of the few products that were branded at this time,¹⁶⁵ making their promotion the site of developing techniques of manipulation. This might involve packaging such as a particular shape or colour of bottle, embossed with the brand name: the bottles for Turlington's Balsam of Life were emblazoned with the inventor's name and coat of arms and were either rectangular or shaped like a violin or tablet, for instance.¹⁶⁶ This provided physical differentiation from other medications as well as emphasising the product name. Print advertising of proprietary medicines featured the use of woodcuts, endorsements, particularly from aristocratic patrons, classical names, and comparisons with supposedly inferior rivals, what Styles terms 'knocking copy'.¹⁶⁷ The sometimes lengthy advertisements could also be said to be exploiting the fears of an increasingly health-obsessed population, the 'cure-alls' in particular claiming to deal with such a range of ailments that almost any reader could see themselves as

¹⁶² McKendrick et al. (*Birth of a Consumer Society*, p.11) claim that 'a very large proportion of all newspapers was filled with advertising'; Berg (*Luxury and Pleasure*, p.271) quantifies this as 50% of the space in daily newspapers by the 1730s. Rousseau ("Stung into action", p.177) points out that sellers of medicines, often booksellers, also frequently owned shares in the newspapers in which they advertised, giving them double the benefit.

¹⁶³ Porter, *Quacks*, p.15.

¹⁶⁴ Louise Hill Curth (2006) 'Introduction', in Curth (ed.), *From Physick to Pharmacology: Five Hundred Years of British Drug Retailing*, Aldershot: Ashgate, 1–12, p.5.

¹⁶⁵ Claire Walsh (1995) 'Shop design and the display of goods in eighteenth-century London', *Journal of Design History*, 8(3):157–76, p.171.

¹⁶⁶ John Styles (2000) 'Product innovation in early modern London', *Past & Present*, 168:124–69, p.153.

¹⁶⁷ Barry, 'Publicity and the public good', pp.29–30; Styles, 'Product innovation', p.151.

suffering from something.¹⁶⁸ For example, the ‘Royal Panacea, or Grand Preservative, Restorative, and Cordial Elixir’ was said to assist ‘those Persons who are afflicted with any of the following Distempers, and many others too tedious here to name’:

The Vapours, Sighings, Green-sickness, Stoppages or Obstructions, Pains or Giddiness in the Head, Pains, and gnawing Pains in the Stomach, Ill Digestions, Want of Appetite, Reaching to Vomit in the Morning, and at other Times, Pains or Stitches in the Side, Shortness of Breath, Coughs and Consumptions, Chollick Pains and Pains in the Limbs, or Rheumatism, Agues, Jaundice, and Worms of whatsoever Kinds, purifying the Blood, and preserving the Body from all infectious Airs and contagious Distempers, as the Meazles, Small Pox, Fevers, Spotted or Maglignant, nay even the Plague it self.¹⁶⁹

Growing awareness of the availability of proprietary remedies tapped into the ‘self-dosing habit’ common in Georgian society, particularly for those who preferred to choose their own therapies rather than following the advice of a sometimes admonishing physician.¹⁷⁰ Michael Neve characterises this as the ‘real fringe’ as opposed to orthodox medicine.¹⁷¹ The diversity of commercial options increased the market for medicines in total rather than necessarily closing off making of medicine within the home.¹⁷² The fact that the latter was still occurring is signified not only by the existence of recipe books but also by the *Gentleman’s Magazine*’s publication in 1742 of a ‘Pharmacopoeia Empirica’, listing the ingredients of many proprietary

¹⁶⁸ A comparison might be today’s activity of Googling a particular symptom and convincing oneself that one is suffering from a fatal disease. In fact, Porter saw a similar manifestation among the Georgian public from their ‘habit... of poring over popular healthcare manuals’; Roy Porter (1989) “‘A little learning’: Knowledge and health in the 18th century’, *Gut Festschrift*, 1989:75–80, p.76.

¹⁶⁹ *Evening Post*, Issue 1287, October 31–November 2, 1717.

¹⁷⁰ Porter, *Quacks*, p.45.

¹⁷¹ Neve, ‘Orthodoxy and fringe’, p.51; Neve views self-medication solely in terms of purchased medicines, from the apothecary or the quack, rather than those made at home.

¹⁷² Mark S.R. Jenner & Patrick Wallis (2007) ‘The medical marketplace’, in Jenner & Wallis, *Medicine and the Market*, 1–23.

medicines so they could be formulated at home.¹⁷³ Apothecaries supplied pre-made purges, cordials and ointments, as well as medicinal waters and other compounds that could be combined into remedies, instead of each individual ingredient needing to be manufactured domestically, sometimes requiring considerable effort. For instance, Lady Torrington's recipe for embrocation, 'which I did my hand with when sprained',¹⁷⁴ mixes 'spermaceous liniment', made from the bark of *Chondrodendron tomentosum*, a South American vine¹⁷⁵; volatile spirits of sal ammoniac, or smelling salts¹⁷⁶; and 'Tincture Thebiaca', or tincture of opium, otherwise known as laudanum.¹⁷⁷ These were all compounds that would have been purchased from the apothecary and mixed at home. Furthermore, the inclusion in manuscript books of recipes for proprietary preparations such as Daffy's Elixir and Lucatelli's Balsam indicates continuing interaction between domestic and commercial practice.

Thus, the worlds of physician, apothecary, quack and the household intersected in a continually changing Venn diagram. As the use of medicinal preparations became the expected form of treatment for most conditions, domestic and commercial healthcare complemented each other rather than operating in

¹⁷³ Richard Moore (2011) *Shropshire Doctors and Quacks: Medical Care in Shropshire, 1740–1899*, Stroud: Amberley, loc 1494 [Kindle edition].

¹⁷⁴ PM 2996, Pym family of Bedfordshire, c.1785, Bedfordshire and Luton Archives.

¹⁷⁵ Finn Sandberg & Desmond Corrigan (2001) *Natural Remedies: Their Origins and Uses*, London: Taylor & Francis, p.101.

¹⁷⁶ Ammonium carbonate in solution, sometimes known as spirit of hartshorn. There are recipes for both 'Sal-Ammoniack' and 'salvolat' in one of the recipe books (Add MS 29435, 18th century, BL).

¹⁷⁷ http://www.henriettes-herb.com/eclectic/kings/papaver-somn_tinc.html, accessed 17 January 2015. Again, there are recipes for making laudanum in the recipe books, e.g. Add MS 61479: 'take one ounce and a halfe of opium cut it in thin slices put it into a pint of the best brandy with two drams of saffron pul'd in pieces cover it close and let it infuse in a skillet of boyling watter till you find it is all desolved: straine it and cover it close: when tis cold clear it of from the thick and put it into little bottles clos stopt for your use'; Sarah, Duchess of Marlborough, Blenheim Papers, early 18th century, BL.

opposition.¹⁷⁸ If they could afford to the sick shopped around for their healthcare, along a spectrum of alternatives from domestically made remedies to those supplied by an apothecary and/or prescribed by a surgeon or physician, as well as nostrums purchased from quacks or other entrepreneurs, either in person or by post, and for the poor those supplied by dispensaries.¹⁷⁹ And, to quote Porter's evocative phrase, if no regular practitioner was at hand one could resort to 'the gaggle of herbalists, nurses, wisewomen, bonesetters, ladies of the house, horse-doctors, empirics, itinerant tooth-drawers, peddlers, showmen, witches, clergymen, barbers, charlatans, and so forth'.¹⁸⁰ Nor were these choices made in isolation, since more than one practitioner could be consulted at once – and played off against each other – and their advice was frequently ignored.¹⁸¹ Unlike today, the physician was not necessarily top of the list: he might have been too expensive or far away, or the patient may have been prejudiced against the medical profession.¹⁸² The power was as much in the patient's hands as in the physician's, with the patient an active rather than purely passive player in the relationship.¹⁸³ It was not until the shift that Jewson identifies from the

¹⁷⁸ Pirohakul & Wallis, 'Medical revolutions?', pp.23, 25, 'After the revolution?', p.32; Mortimer, 'Triumph of the doctors', p.115.

¹⁷⁹ I.S.L. Loudon (1981) 'The origins and growth of the dispensary movement in England', *Bulletin of the History of Medicine*, 55(3):322–42.

¹⁸⁰ Porter, 'Patient's view', p.188.

¹⁸¹ Charles Webster (ed.) (1993) *Caring for Health: History and Diversity*, Buckingham: Open University Press.

¹⁸² Steven King & Alan Weaver (2000) 'Lives in many hands: The medical landscape in Lancashire, 1700–1820', *Medical History*, 45:173–200, p.173.

¹⁸³ Ronald C. Sawyer (1995) 'Friends or foes? Doctors and their patients in early modern England', in Kawakita et al., *History of the Doctor–Patient Relationships*, 31–53, p.32; Wild, 'Medicine-by-post', pp.15–16; Roger French (2003) *Medicine before Science: The Business of Medicine from the Middle Ages to the Enlightenment*, Cambridge: Cambridge University Press, p.245; Marina Benjamin (1990) 'Medicine, morality and the politics of Berkeley's Tar-water', in Cunningham & French, *Medical Enlightenment*, 165–193, p.178.

bedside to the hospital and then the laboratory in the nineteenth century that medicine ceased to be patient dominated.¹⁸⁴

This existence of so many alternatives has often been called a ‘medical marketplace’,¹⁸⁵ although some researchers have questioned the term as overly commercially focused and considering all practitioners of whatever social and professional status as equals.¹⁸⁶ Andrew Wear in particular stresses the need to incorporate in its scope lay medical practice among relatives and friends, as well as charitable provision and expertise that might be bartered for something else.¹⁸⁷ Seeing the supply of medical treatment merely as a business – ‘to conflate the general concept of medical plurality with a specifically economic understanding of financial competition’¹⁸⁸ – ignores cooperation among practitioners, but it also does not take account of expertise in healthcare within the home.¹⁸⁹

The domestic role

The first port of call for assistance had always been the family, as well as friends and neighbours, and for many people that situation did not change; after all, ‘the place

¹⁸⁴ N.D. Jewson (1974) ‘Medical knowledge and the patronage system in 18th century England’, *Sociology*, 8:369–85; (2009) ‘The disappearance of the sick-man from medical cosmology, 1779–1870’, *International Journal of Epidemiology*, 38:622–33, reprinted from 1976.

¹⁸⁵ Jenner and Wallis identify this as coined virtually at the same time, although separately, by Lucinda Beier, Roy Porter, Irvine Loudon and Harold Cook; ‘Medical marketplace’, p.1.

¹⁸⁶ David Harley (1994) “‘Bred up in the study of that faculty’: Licensed physicians in north-west England, 1660–1760’, *Medical History*, 38:398–420, p.4.

¹⁸⁷ Andrew Wear (2000) *Knowledge and Practice in English Medicine, 1550–1680*, Cambridge University Press, Cambridge, pp.21–2. Margaret Pelling also stresses the need to take into account ‘payment in kind’ for medical care; (1987) ‘Medical practice in early modern England: Trade or profession?’, in Wilfrid Prest (ed.), *The Professions in Early Modern England*, London: Croom Helm, 90–128, p.102.

¹⁸⁸ Brown, *Performing Medicine*, p.3.

¹⁸⁹ Stobart (‘Making of domestic medicine’, p.14) notes that ‘[w]omen were participants as purchasers or providers in the medical marketplace, but this does not take into account much of their activities as lay household healthcare practitioners’.

where most people were ill was the home'.¹⁹⁰ Calling in a doctor or purchasing medicines from the apothecary was expensive; some middling families could not afford it and others, even the wealthy, objected on principle to doing so.¹⁹¹

Caring for the sick was hard work: not only the day-to-day administration of medicine and food, but the 'intimate bodily care' and washing of bodies, clothes and bedclothes occasioned by early modern medicine's obsession with purgatives and emetics.¹⁹² Healthcare was conventionally a woman's role, part of the 'household economy',¹⁹³ alongside the provision of food and looking after the house, albeit often through servants.¹⁹⁴ Indeed, as Mary Fissell notes, the apparent disappearance of women from involvement in medicine only occurs when we 'look from the top down, that is from the perspective of a physician'.¹⁹⁵ Nevertheless, the rest of the household took part too. Nursing often involved a good deal of 'watching' by the bedside, which families sometimes managed in shifts.¹⁹⁶ The diaries of Hannah Mary Rathbone (1761–1839) record two months of illness of her daughter, during which the mother frequently 'lay with her all day' or 'nursed her all day', or the daughter 'lay on my lap all day'. Others also helped: after repeated applications of leeches

¹⁹⁰ Beier, *Sufferers and Healers*; Wear, *Knowledge and Practice*, p.24.

¹⁹¹ Steven King (2006) 'Accessing drugs in the eighteenth-century regions', in Curth, *From Physick to Pharmacology*, 49–78, pp.55–6; King & Weaver, 'Lives in many hands'.

¹⁹² Mary E. Fissell (2008) 'Introduction: Women, health, and healing in early modern Europe', *Bulletin of the History of Medicine*, 82:1–17, p.13; Withey, *Physick and the Family*, loc. 3253.

¹⁹³ Or 'oeconomy': see Chapter 7.

¹⁹⁴ Leong & Pennell, 'Recipe collections'; Beier, *Sufferers and Healers*, p.33; Waddington, *Introduction to the Social History of Medicine*, pp.80, 171; Wear, *Knowledge and Practice*, p.52; Stine, 'Opening closets', p.65.

¹⁹⁵ Mary E. Fissell (2009) 'Women in healing spaces', in Laura Lunger Knoppers (ed.), *The Cambridge Companion to Early Modern Women's Writing*, Cambridge: Cambridge University Press, 153–64, p.153.

¹⁹⁶ Tannenbaum, 'Woman's calling', p.40.

‘Dr. Rutter and my Sister Benson stayed with us at night and most of the day’ and ‘Mrs. Wallace sat with [us] in the morning; my Brother and Sister Benson at Tea’.¹⁹⁷

Thus it was not only women who were concerned with family healthcare. Lisa Smith notes that ‘being a good patriarch’ also incorporated ‘an obligation... to ensure the financial, emotional, and physical welfare of their families’, which in some cases was achieved by men ‘preparing, administering, and overseeing remedies for family members’, as well as deciding on treatment or calling for the physician.¹⁹⁸

As will become clear in this thesis, many recipe collections were compiled by men, and even in those known to have been created by women, men contributed a significant number of recipes. In addition, the increasing availability of medical advice in print may have contributed to a masculinisation of domestic as well as professional healthcare by rendering it more socially acceptable for a man to be involved.¹⁹⁹ It is a stated aim of Buchan’s *Domestic Medicine* ‘that men of sense and learning should be so far acquainted with the general principles of Medicine, as to be in a condition to derive from it some of those advantages with which it is fraught; and at the same time to guard themselves against the destructive influences of Ignorance, Superstition, and Quackery.’²⁰⁰ From Porter’s study of medical advice in

¹⁹⁷ Mrs Eustace Greg (ed.) (1905) *Reynolds-Rathbone Diaries and Letters 1753–1839*, privately printed, 1, 3, 4, 8, 17 March 1795.

¹⁹⁸ Smith, ‘Relative duties’. Stine (‘Opening closets’, p.160) also notes the attribution of recipes to both men and women, and that ‘women’s and men’s names appear side-by-side with no apparent distinction being made... in the way in which that man or woman is being taken as an authority’.

¹⁹⁹ Smith, ‘Relative duties’, p.240.

²⁰⁰ William Buchan (1806) *Domestic Medicine*, London: A Strahan, T. Cadell Jr. and W. Davies, p.xvii.

the *Gentleman's Magazine* it can be seen that self-medication was a substantial part of healthcare among men in the eighteenth century.²⁰¹

Domestic medical skill was not universal, however, even among women. The 'Cos. Stapylton' referred to several times in the Temple family recipe book was evidently accomplished in healing. For instance:

Rosin... alone in beere or any lickwed [liquid] cures fitts of the mother... my Cos Stap[y]lton] herself cured a young woman with it that had such fitts for sevarall yeares... & after taken this medison shee never had a fitt... till shee was bitt with a mad dog & was in a sade condition, but my cos cured her with a famous medison called the pewter medison.²⁰²

In comparison Isabella, Lady Wentworth (d. 1733) wrote to her son Lord Raby: 'your grandmother was an exsterordenary woman, she had skill in surgery and alsoe in phesick – God knows I am ignorant in both'.²⁰³ Furthermore, some bestselling printed recipe books, such as Elizabeth Raffald's *The Experienced English Housekeeper* (1769), deliberately excluded the medical remedies that had been a feature of earlier works such as Hannah Woolley's *Queen-like Closet* (1672) or E. Smith's *The Compleat Housewife* (1727); Raffald commented in her Preface that she was 'leaving them to the physicians superior judgement, whose proper province they are'.²⁰⁴

Even so, those wealthy enough to afford unlimited attention from physicians did not necessarily do so. Sarah Churchill, Duchess of Marlborough (1660–1744),

²⁰¹ Roy Porter (1985) 'Lay medical knowledge in the eighteenth century: The evidence of the *Gentleman's Magazine*', *Medical History*, 29:138–68.

²⁰² MS MSL.2, Temple family, c.1650–c.1750, WL. The archive notes that this belonged to one of the daughters of Sir William Temple (1628–99) because there are references to 'my aunt Giffard', his sister Martha, wife of Sir Thomas Giffard. Sir William was a diplomat and writer who himself collected some recipes.

²⁰³ Letter from Lady Wentworth to Lord Raby, 30 January 1706, in James J. Cartwright (ed.) (1883) *The Wentworth Papers 1705–1739*, London: Wyman and Sons.

²⁰⁴ Elizabeth Raffald (1778) *The Experienced English Housekeeper*, 6th edn, London: R. Baldwin, p.iii.

one of the richest women in England, was a prime example. She summed up her attitude in a letter to her granddaughter Diana, Duchess of Bedford (1710–35):

I have no great opinion of my physician, they only guess and one can tell one's self best what one feels, and try such things as are safe and that have done others good in the same complaints. If one is so lucky as to hit upon a right remedy, it is well and if one can't one must submit as in all other cases to what there's no remedy for.²⁰⁵

Even when she did consult a medical professional, she tinkered with the prescription:

‘I have added to it a small quantity, not enough to purge of gum guaiacum which they say is mighty good for rheumatic pains and the gout also.’²⁰⁶ She gave advice to her friends, commenting of Lady Delaware, ‘She has promised me to take things she would not take of Doctor Hollins's directing’,²⁰⁷ and was happy to accept it from others: ‘I was told by a woman in my neighbourhood that it would do me good, if I put pomatum on the sore part... I sent to the keepers to send me some deer suet which has done me a vast deal of good.’²⁰⁸ She treated her rheumatism with ‘opium mixed with brandy and saffron’, and indeed there is a recipe for such, called ‘Liquid laudinum’, in her recipe book.²⁰⁹ When her husband John, Duke of Marlborough, was struck down by a stroke, after having experienced headaches for several years, Sarah nursed him herself in conjunction with his physicians, and treated him with Sir Walter Raleigh's cordial.²¹⁰ She had obtained the recipe in a letter from Lady Drake and it is recorded in her recipe collection, together with the cost of each ingredient,

²⁰⁵ 8 August 1732, in Gladys Scott Thomson (ed.) (1943) *Letters of a Grandmother 1732–1735 Being the Correspondence of Sarah, Duchess of Marlborough with her granddaughter Diana, Duchess Bedford*, London: Jonathan Cape.

²⁰⁶ Letter to Duchess of Bedford, 11 September 1734, in *ibid.*

²⁰⁷ Probably Margaret Freeman (d.1738), wife of John, 6th Lord Delaware. Letter to Duchess of Bedford, 22 July 1734, in *ibid.*

²⁰⁸ 11 September 1734, in *ibid.*

²⁰⁹ Ophelia Field (2003) *The Favourite: Sarah, Duchess of Marlborough*, London: Hodder and Stoughton; Add MS 61479, British Library.

²¹⁰ Field, *The Favourite*, p.356.

which amount to £6 14s 1d.²¹¹ It is a lengthy and complex recipe, and Sarah did not make the preparation up herself or ask a servant to do so; there is a note in her handwriting against the list of ingredients stating: ‘Paid upon this bill to Doctor Gibson for the making the medicen some spirit of hartshorn & some rosmery flowers, & to himself in all 18 Gs’.

It has to be said that Sarah may have been unusual among the *bon ton* in having such a practical involvement in medicine. The emergence of the *beau monde* among the elite, those ‘privileged individuals who enjoyed public prominence within the framework of the London season’, meant far more than ‘pleasure seeking’ for these individuals, instead requiring considerable investment in politically motivated networking and public appearances.²¹² They simply may not have had either the time or indeed the inclination for domestic medicine, instead leaving their healthcare up to their physicians. Moreover, the *Female Spectator*’s opinion of such practical skills as ‘the study of physic’ was that they had become no longer necessary and were rather beneath someone of quality:

To pass too much of her time in them may acquire her the reputation of a notable house-wife, but not of a woman of fine taste, or any way qualify her for polite conversation, or of entertaining herself agreeably when alone.²¹³

Hester Pitt, Countess of Chatham (1720–1803), was unwilling to take almost any course of medical action without her physician’s detailed advice. This was despite the fact that her brothers were dismissive of physicians – for instance, her brother

²¹¹ Add MS 61479, BL. John Churchill’s grandmother was Eleanor Botelord, Lady Drake, although she died in 1666, so this may have been the wife of her son, Sir John Drake.

²¹² Hannah Greig (2013) *The Beau Monde: Fashionable Society in Georgian London*, Oxford: Oxford University Press, pp.15, 233.

²¹³ Eliza Haywood (1771) *The Female Spectator*, Book 15, p.154, quoted in G.E. Fussell & K.R. Fussell (1985) *The English Country Woman: Her Life in Farmhouse and Field from Tudor Times to the Victorian Age* [1953], London: Bloomsbury, pp.106–7.

James wrote uncompromisingly that ‘By the Lord that made me I will neither hear nor see nor welcome any physician’, even though ‘The dearly beloved Gout, Scurvy, Fever and Rhumatism have been holding fete Champetre in my body; after lighting up every chamber in it they took their anniversary dance’.²¹⁴ Her husband, politician William Pitt (the Elder), suffered increasingly from ill health, both physical and psychological. Hester conducted a frequent and lengthy correspondence with their physician, Anthony Addington (1713–90), continually seeking reassurance about symptoms and treatment. Addington had a successful London practice with a specialism in the treatment of mental illness; as well as visiting Chatham at Burton Pynsent in Somerset en route to his own country home at Upottery in Devon, he also prescribed by post.²¹⁵ Hester consulted Addington about her own health too, including ‘those changes in her constitution, which are to be expected in the present stage of her life’, as well as stomach problems, rheumatism and giddiness; and about that of her children, including Hester’s ‘pains... in her neck, shoulders, collar-bone and side’ and a fever; William’s bad cold; John’s stomach complaint; and Harriot’s nervous condition.²¹⁶ Hester was also occasionally treated by Dr Reed, a local physician, who was noted as making up some of the medicines, as was the apothecary.²¹⁷

²¹⁴ Letters from James Grenville to Lady Chatham, undated, 19 May 1777, in Vere Birdwood (1994) *So Dearly Loved, So Much Admired: Letters to Hester Pitt, Lady Chatham from Her Relatives and Friends 1744–1801*, London: HMSO.

²¹⁵ Letters from Anthony Addington to Lady Chatham, 12 September 1767, 12 April 1771, 12 May 1776, 2 June 1776, 19 August 1776, 29 September 1776, 4 January 1777, 1 February 1777, in *ibid.*

²¹⁶ Letters from Anthony Addington to Lord Chatham, 25 September 1771, 17 December 1771, 21 January 1772, 21 March 1772, 15 July 1773, 16 February 1785, in *ibid.*

²¹⁷ Letters from Anthony Addington to Lady Chatham, 1 February 1772, 6 April 1776, 16 February 1785, in *ibid.*

The *beau monde*, nevertheless, represented only a tiny proportion of the population.²¹⁸ A sufficient number of manuscript recipe books containing medical remedies have survived for us to be able to state that they remained a feature of life in many households. Some of the collections are beautifully written, intricately ordered and indexed, and would have required a great deal of time to produce; in contrast, some are merely bundles of recipes hastily noted on scraps of paper. Despite the opposition of the medical profession, making remedies at home, on the basis of knowledge stored in these manuscripts, remained a well-used alternative.²¹⁹ Porter and Porter comment that '[t]he practice of... "domestic medicine"... was utterly standard... A person ignorant of self-care would have been equivalent to a woman unable to bake, stitch and manage the servants, or a gentleman who could not ride.'²²⁰ That knowledge could also be quite sophisticated, reflecting awareness of the use of various ingredients and confidence in self-diagnosis, with recipes often passed down through generations.

Some writers dismiss eighteenth-century domestic medicine as not demanding much medical knowledge or skill, instead relying on 'simples' and compounds purchased from the apothecary; others condemn manuscript recipes as 'an uncertain accumulation of old wives' tales... and "real" cures borrowed from professional doctors' or 'homemade remedies designed to ameliorate bothersome

²¹⁸ Greig, *Beau Monde*, p.16.

²¹⁹ Digby (*Making a Medical Living*, p.62) notes that 'patients' self-help was increasingly viewed as the real quackery'. Physician Thomas Beddoes (1760–1808) criticised women in particular, 'busy-bodies in petticoats', for their 'passion for snapping up verbal and written recipes for every current name of disease'; quoted in Roy Porter (1991) 'Reforming the patient in the age of reform: Thomas Beddoes and medical practice', in French & Wear, *British Medicine*, 9–44, p.25. Porter & Porter (*In Sickness and in Health*, p.269) note that 'All the signs point to the continued vitality of lay healing traditions'.

²²⁰ *Patient's Progress*, p.35.

symptoms [and t]reatments based on concoctions prepared from time-worn, orally transmitted recipes'.²²¹ However, a close examination of manuscripts from the perspective of the compilers, rather than top down through the lens of 'professional' medicine, reveals recording of a significant amount of medical information as well as a vast range of remedies. Perhaps the difference is, as Stine suggests, that domestic healthcare became less visible in the eighteenth century, because the fashionable focus was on the expanding range of medical practitioners and the commercial alternatives.²²² Alternatively, more significance may have been placed on the possession of information, rather than its practical application. For instance, Stobart's research identified a late seventeenth-century shift from the 'gentlewoman healer' to the 'patient consumer', in which '[s]elf-help became the purchase of ready prepared medicines and increasingly confined to minor complaints and invalid care'.²²³ While a large proportion of the recipes in the manuscripts I examine are for medicines that contain a few, readily available ingredients and use conventional cooking methods²²⁴ – hence the term 'kitchen physick', although this also refers to the permeable boundary between food and medicine²²⁵ – others are complicated and would have required a sizeable investment of labour and effort to manufacture.

²²¹ Patrick Wallis (2006) 'Apothecaries and the consumption and retailing of medicines in early modern London', in Curth, *From Physick to Pharmacology*, 13–27, p.17; Digby, *Making a Medical Living*, p.81; King & Weaver, 'Lives in many hands', pp.193–4; Günter B. Risse (1992) 'Medicine in the age of Enlightenment', in Wear, *Medicine in Society*, 149–95, p.153.

²²² Stine, 'Opening closets', p.65.

²²³ Stobart, 'Making of domestic medicine', pp.227, 225.

²²⁴ This accords with evidence found in studies by Pennell and Leong, as reported in Leong and Pennell, 'Recipe collections', pp.133–52.

²²⁵ *Ibid.*, p.134.

Leong views these ‘compendia of practical know-how’ as ‘the crucial source for the study of informal knowledge-making’.²²⁶

This research will examine the varieties of remedies collected in the eighteenth-century manuscripts and their ingredients to assess whether the ‘limited scope of activity’²²⁷ continued to narrow and the use to which the information was put, as well as the role of this knowledge in the lives of compilers. First, it takes a step back by considering the recipe collections themselves, from leather-bound volumes to paper-wrapped exercise books, as material objects.

²²⁶ Elaine Leong (2013) ‘Treasures for health: Medical knowledge and practice in the early modern household’, Max Planck Institute for the History of Science, https://www.mpiwg-berlin.mpg.de/en/research/projects/DeptII_Leong_Treasures, accessed 23 September 2014.

²²⁷ Stobart, ‘Making of domestic medicine’, p.7.

2: The Recipe Collections

This chapter examines the physical characteristics of the raw material of my research, the recipe collections. Their materiality is an aspect that has been neglected in other studies, which mainly focus on these volumes as texts. Recipe manuscripts exist in a number of different formats: a leather-bound book of paper, a sewn paper-covered exercise book, a sheaf of individual sheets held together with a ribbon. Their creation required various paraphernalia as well as the skill of writing itself, and individual compilers employed different strategies for organising them so that the information could be retrieved subsequently.

The manuscripts I examined did not all contain solely medical recipes: those that functioned primarily as recipe books also incorporated culinary recipes and preparations for household and/or veterinary use¹; others included material that was not in recipe form, such as household and personal accounts, or poems and other memorabilia, as would be recorded in a commonplace book. They were what Margaret Ezell calls ‘messy volumes’, manuscripts existing for more than one function,² and were ‘artifacts that easily lend themselves to being read as both a text and an object’,³ as I do in this chapter.

¹ This fits with Pennell and DiMeo’s (‘Introduction’, p.6) definition of a recipe book as ‘one which collects together and communicates information about the preparation of foodstuffs, drink, medications, cosmetics, household substances and other materials, including veterinary treatments, paints and occupationally specific materials’.

² Margaret J.M. Ezell (2007) ‘Domestic papers: Manuscript culture in early modern women’s life writing’, in Dowd & Eckerle, *Genre and Women’s Life Writing*, 33–48, p.42.

³ Leora Auslander, in Leora Auslander, Amy Bentley, Leor Halevi, H. Otto Suburn & Christopher Witmore (2009) ‘AHR Conversation: Historians and the study of material culture’, *American Historical Review*, December:1355–404, p.1357.

Creating a collection

What was required to create a recipe collection? The first necessity is the ability to write, although there are instances of scribes being engaged to copy out recipes, as Sara Pennell points out in relation to the cookery book Nicholas Blundell compiled for his wife,⁴ or as with Lady Ann Fanshawe's recipe book, some of which was copied out by Joseph Averie.⁵ Estimates of literacy are notoriously difficult to obtain and are sometimes based merely on being able to sign one's name, which is vastly different to possessing the capability to write out and understand a recipe. Furthermore, differences in literacy by social status mean that averages are misleading: for instance, Merry Wiesner notes that almost all those in what she terms the upper classes could read, while the proportion among the 'peasants' was vastly lower.⁶ What is more, reading and writing were not taught at the same time or in the same way, so one ability does not necessarily coincide with the other. Outside the gentry and aristocracy, girls tended to be taught to read but not write, the former ability important because it allowed them to study the bible and other religious manuals, some of which contained household guidance; the latter viewed as a

⁴ 'I payed Edward Howerd for writing Receipts of Cookery, etc., in my Wives book'; quoted in Pennell & DiMeo, 'Introduction', p.12.

⁵ 'Mrs Fanshawes Booke of Receipts of Physickes, Salves, Waters, Cordialls, Preserves and Cookery, written the eleventh day of December 1651 by Me, Joseph Averie'; MS 7113, Fanshawe family, 1651–1707, WL. The function of this recipe book as a 'life register' is discussed in Pennell & DiMeo, 'Introduction', pp.1–2; its source attributions in David B. Goldstein (2004) 'Recipes for authorship: Indigestion and the making of originality in early modern England', PhD thesis, Stanford University, pp.95–102; its role as a 'starter collection' in Elaine Leong (2013) 'Collecting knowledge for the family: Recipes, gender and practical knowledge in the early modern English household', *Centauros*, 55:81–103, pp.91–2; and its recipes as a whole in David Potter (2006) 'The household receipt book of Ann, Lady Fanshawe', *Petits Propos Culinaires*, 80:19–32.

⁶ Merry E. Wiesner (1993) *Women and Gender in Early Modern Europe*, Cambridge: Cambridge University Press, p.123.

vocational skill for certain occupations, usually male.⁷ An advertisement for *The London New Method and Art of Teaching Children to Spell and Read* gives as its intention ‘so as the Child may immediately pass from Learning this Book, to read the Bible in less than 12 Months time, without the help of any other Book’, and makes no mention of writing; nor does it specify the gender of the child.⁸

Those who could write might have been taught by a writing master, or gained a basic knowledge at school or within the family, possibly enhanced by practice using a writing manual, such as John Clark’s *Writing Improv’d or Penmanship Made Easy*. The ‘Easy’ here is a relative term to modern eyes, as the book contains a bewildering number of rules and recommendations. For instance, the ‘round hand’, the most popular script in England at the time and a simplified form of the more decorative Italian hand considered especially suitable for women,⁹ ‘is compos’d of an *Oval* and *Straight Line*, and leans to the *Right*, making an *Angle* with the *Line* you write upon, equal to 58 Degrees ;or thereabouts’ and advice is given such as:

When the *Right Lin’d* meet, and joyn with a turn at the Top of the following *Letter*, as *nn*, *an*, *in*, *my*, &c. the Distance is equal to *n* and half *n*, the half being allow’d for the Turn at the Top, and the joyning *Stroke* ; but when they come before *x* or *s*, or *z*, as is *nx*, *iz*, &c. then the Distance is about *n* and $\frac{3}{4}n$.¹⁰

Given the difficulty of following and comprehending such injunctions, even for those of a reasonable level of education, it is not surprising that the handwriting exhibited in recipe collections is of varying skill and regularity. Some is neat and practised, as

⁷ Jonathan Barry (1995) ‘Literacy and literature in popular culture: Reading and writing in historical perspective’, in Harris, *Popular Culture*, 69–94, p.78.

⁸ *Post Boy*, June 12–June 14, 1711.

⁹ Stacey Slobada (2012) ‘Eighteenth-century penmanship and drawing manuals’, *Writing Materials: Women of Letters from Enlightenment to Modernity*, 29–30 November, London: King’s College London/V&A Museum; Heather Wolfe (2009) ‘Women’s handwriting’, in Knoppers, *Cambridge Companion to Early Modern Women’s Writing*, 21–39, p.37.

¹⁰ John Clark (1714) *Writing Improvd or Penmanship Made Easy*, London: n.p., p.3.

in Figure 2.1, which may have been that of a secretary, as the other main hand in the book is much more untidy.¹¹ Other writing is more erratic and less well formed, as in Figure 2.2¹² or Figure 2.3, where the compiler notes: ‘this is writt very bad never writt worse in my life’.¹³ Some writers ruled their pages to help them write in straight lines (Figure 2.4),¹⁴ while others decorated their work, particularly recipe titles, with flourishes and fancy capitals (Figure 2.5).¹⁵

Figure 2.1 Neat handwriting

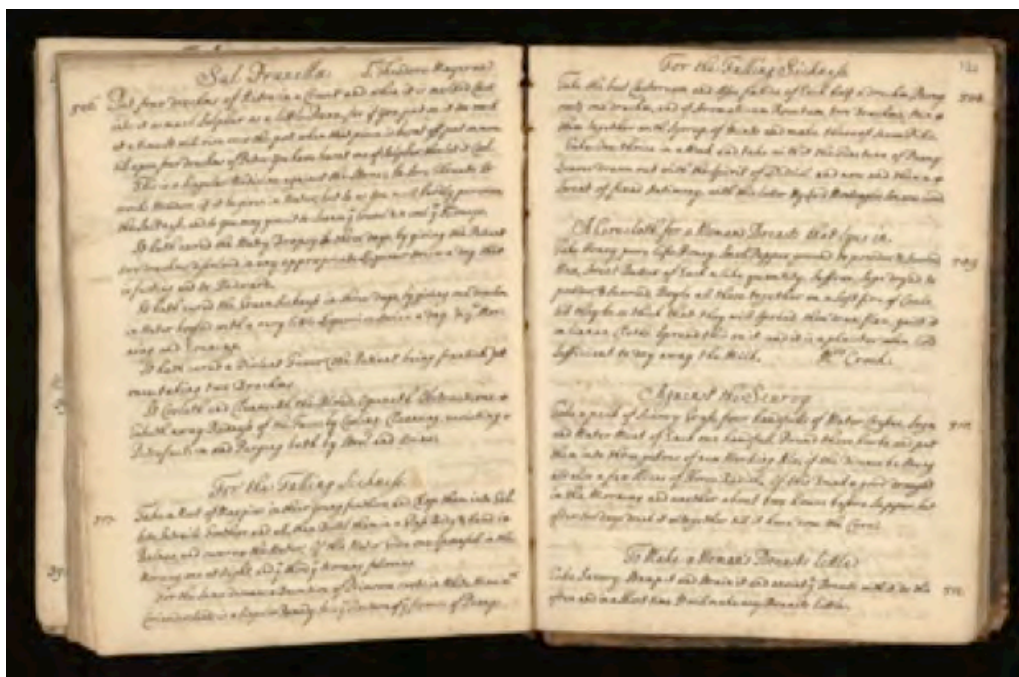


Image © Wellcome Library

¹¹ MS 1340, Boyle family, c.1675–1711, WL. This recipe collection is often attributed to Katherine Boyle, Lady Ranelagh; see for example Stine, ‘Opening closets’, p.151; Whaley, *Women and the Practice of Medical Care*, p.159; Coates, ‘Female disorders’, p.37; Lynette Hunter (1997) ‘Sisters of the Royal Society: The circle of Katherine Jones, Lady Ranelagh’, in Hunter & Hutton, *Women, Science and Medicine*, 178–97; and the archive’s own description (http://search.wellcomelibrary.org/iii/encore/record/C_Rb1970318?lang=eng, accessed 11 March 2015). However, Michelle DiMeo’s research (‘Lady Ranelagh’s book’) confirms my own suspicion from its internal evidence that it is more likely to have been compiled by Katherine’s sister Margaret Boyle, Countess of Orrery.

¹² MS 1127, 1664–1729, WL; the compilers are named as Mary Bent and Ann Clayton, but no further information exists.

¹³ 613/219, Barnadiston family, 1775–1800, SRO.

¹⁴ MS 332/256, Penruddocke of Compton Chamberlayne, 18th century, WSA.

¹⁵ MS 2840, Elizabeth Hirst and others, 1684–c.1725, WL; MS 1795, 17th–18th centuries, WL.

Figure 2.2 Erratic handwriting

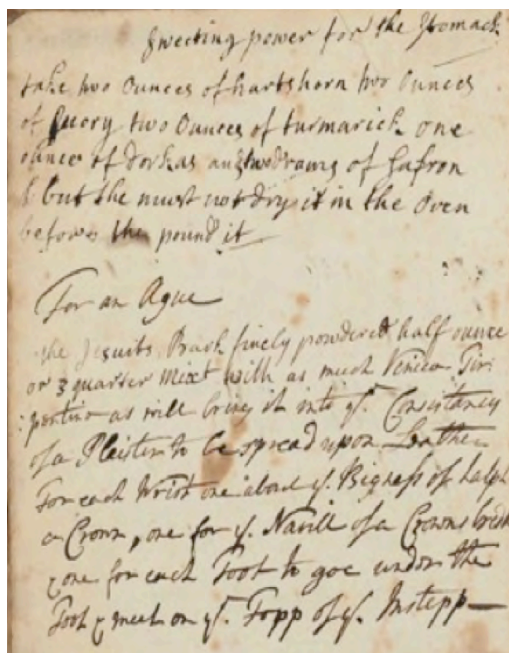


Figure 2.3 'Never writt worse in my life'

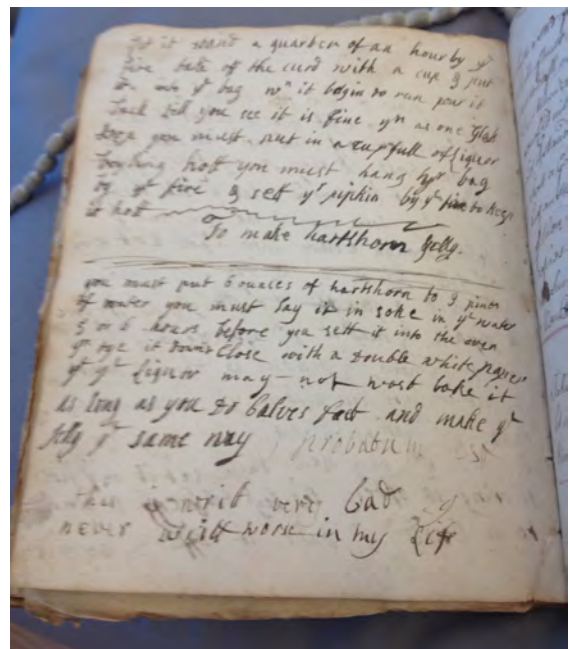


Image © Wellcome Library

Figure 2.4 Guidelines for writing



Figure 2.5 Two capital Ps

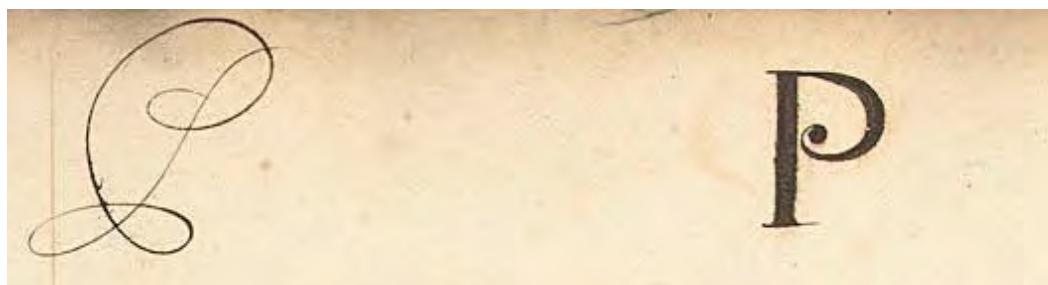


Image © Wellcome Library

The next requirement for compiling a recipe collection was some form of paper. This varied according to the writer's needs and financial resources, and might be anything from a scrap of paper on which to note the details of a recipe passed on by word of mouth or to give to another person,¹⁶ to a letter sheet for a carefully constructed missive to a patron or family member offering a recipe to assist with a particular problem (for example Figure 2.6),¹⁷ to a paper-covered pocket book or leather-bound volume.

Figure 2.6 Letter enclosing recipe

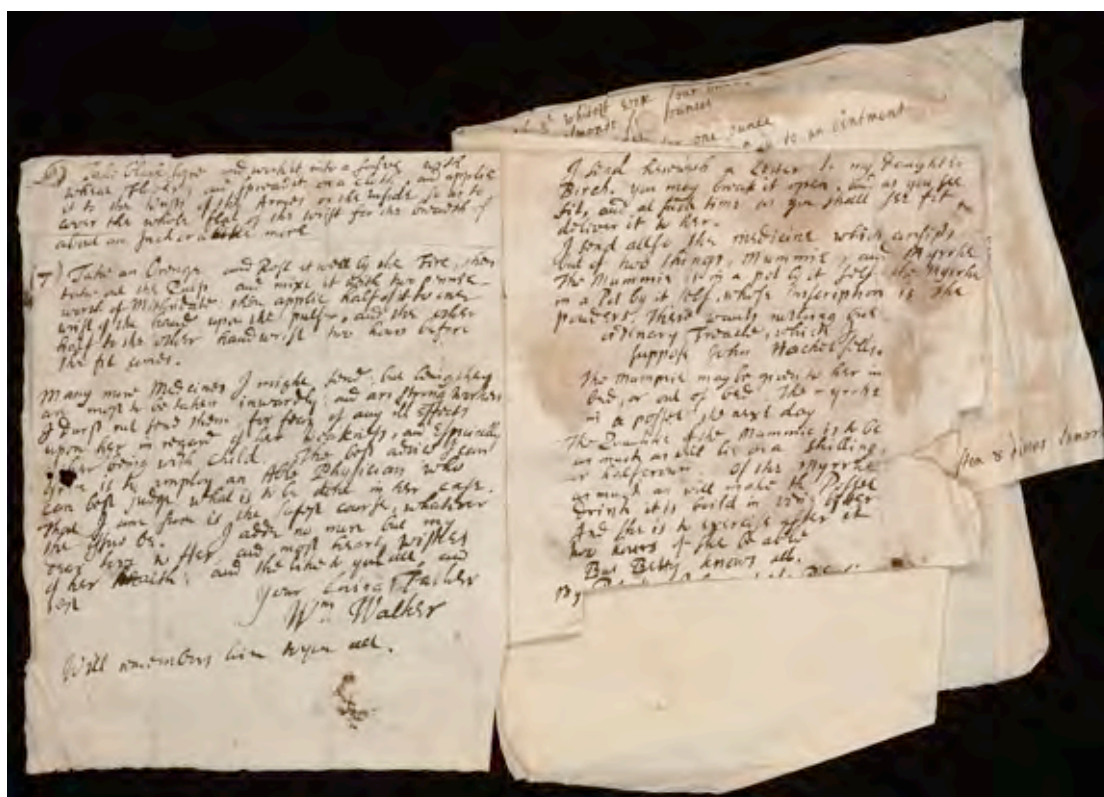
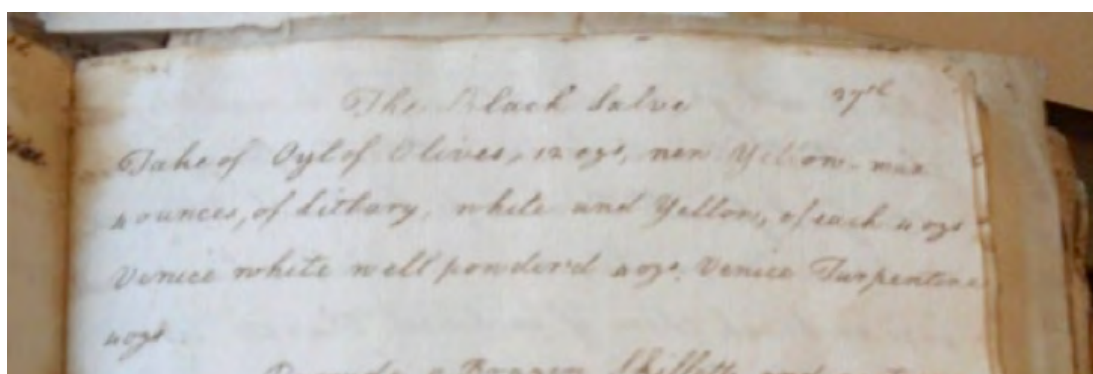


Image © Wellcome Library

¹⁶ Withey ('Crossing the boundaries', p.182) calls these ad hoc assemblies of loose papers 'the purest form of recipe collation, suggesting hurried, even verbatim, recording as opposed to regimented and deliberate transcriptions'.

¹⁷ Letter from William Walker, MS 8002, Walker family, 1664–1740, WL. The letter is addressed to William's son Parish and suggests recipes for the ague intended for Parish's sister Birch. I have been unable to trace any further information about the family.

Figure 2.7 Hand-sewn paper-bound book

On the left of Figure 2.7,¹⁸ the stitching of the centre of the volume can be seen, as can the variable size of the paper, and behind that a loosely inserted single sheet. The Walker collection includes a tiny, fragile paper notebook (Figure 2.8)¹⁹ and others were flimsy, marbled paper-covered exercise books (Figure 2.9),²⁰ whereas a book owned by Elizabeth Adderley is larger and bound in vellum, stamped with a gilt decoration (Figure 2.10),²¹ and two further volumes were handsomely bound together in calf, probably in the eighteenth century (Figure 2.11).²² Going to the trouble and expense of buying or creating a bound book gave the information a gravitas that signals its importance to the compilers, and also rendered the knowledge less unstable, not as likely to be lost or discarded as that on a single sheet. Nevertheless, the smaller collections could have been slipped into a pocket; one was

¹⁸ 332/256, WSA.

¹⁹ MS 8002, WL.

²⁰ FEL 984, Frances Thornhill, mid-18th century, NRO.

²¹ MS 3712, Elizabeth Okeover Adderley, c.1675–1725, WL. This manuscript is discussed at length in Richard Aspin (2000) 'Illustrations from the Wellcome Library: Who was Elizabeth Okeover?', *Medical History*, 44:531–40; and briefly considered in Whaley, *Women and the Practice of Medical Care*, p.163.

²² MS 3500, Mrs Meade, 1688–1727, WL.

even accompanied by its linen pocket in the archive (Figure 2.12).²³ This is similar to those in Withey's research, which were 'extremely portable'.²⁴ In contrast, the larger volumes were quite heavy, so they may not have moved far from the compiler's closet or desk.

Figure 2.8 Tiny notebook

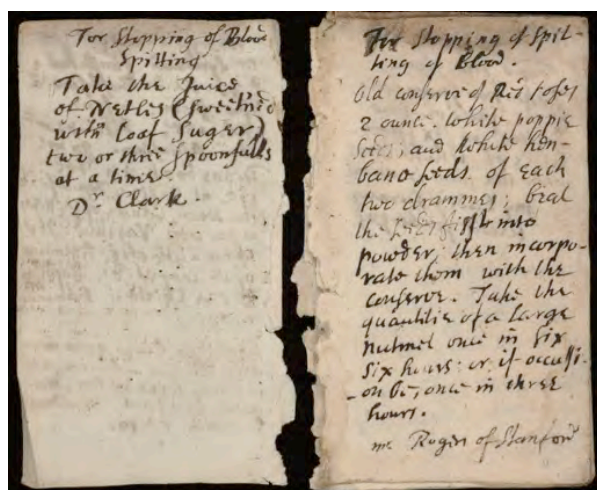


Figure 2.9 Marbled exercise book



Image © Wellcome Library

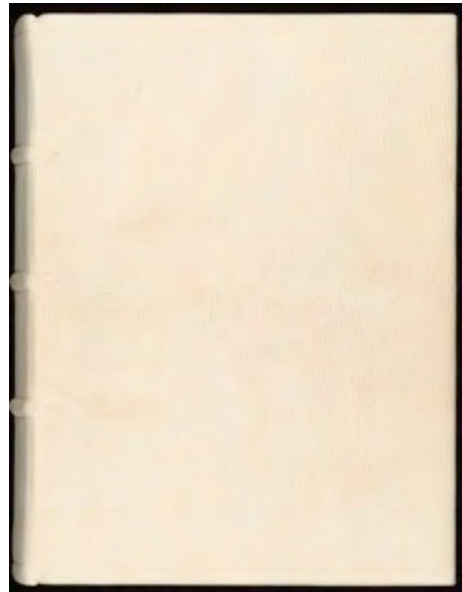
²³ 613 778, Hannah Miller, c.1700, SRO. The use of pockets as storage is discussed by Ariane Fennetaux (2008) 'Women's pockets and the construction of privacy in the long eighteenth century', *Eighteenth-Century Fiction*, 20:307–34.

²⁴ Withey, 'Crossing the boundaries', p.182.

Figure 2.10 Gilt-stamped vellum binding



Figure 2.11 18th-century calf binding



Images © Wellcome Library

Figure 2.12 Pocket found with recipe book



Bound paper-books, pocketbooks, sheets of paper and other stationery could be obtained from stationers such as John Stuart at ‘the old three Bibles and Ink Bottles the corner of the Square on London Bridge’,²⁵ as well as from booksellers

²⁵ *Post Man and the Historical Account*, June 13, 1702.

and grocers. As a guide to prices, a ream (then 480 sheets) of foolscap paper suitable for writing cost between 6s and 12s, depending on whether it was homemade or imported²⁶; that said, in 1712 Cassandra Cornwallis paid 1s for ‘a quier of plane paper’ (25 sheets), which may be an indication of price inflation in the rural area of Wales in which she then lived.²⁷ Comparative prices include 1s 4d a week for an unfurnished room, 1½d for a 1lb loaf of bread, 1d for a cup of coffee and 2d for half a pint of gin; a carpenter’s wage was 2s 6d a day in 1700.²⁸ Paper was thus relatively expensive, although of course for most of the compilers of the recipe books in this research, who were from the gentry or nobility, that would not have been a problem. Some recipe books do feature small writing with tiny or no margins, which might be construed as an attempt to conserve space; others utilise the blanks remaining even where recipes have been crossed out, as in Figure 2.13, although the kind of cross-writing sometimes seen in correspondence is not used in recipe books, probably because of their more practical application.²⁹ One of the reasons these books were passed down through families was not only to transfer the knowledge, but to avoid wasting the investment required to create them in the first place. In doing so they were also re-used, as was the case with Martha Hodges’ recipe book discussed later in this chapter, the empty pages of which were subsequently filled with commonplace material.³⁰

²⁶ Philip Gaskell (1957) ‘Notes on eighteenth-century British paper’, *The Library*, 5th series, xii:34–42, Tables IV and V.

²⁷ LM/1087/2/10, Loseley manuscripts, 1712–19, SHC.

²⁸ Old Bailey Online, <http://www.oldbaileyonline.org/static/Coinage.jsp#costofliving>, accessed 15 January 2013.

²⁹ MS 1340, WL.

³⁰ MS 2844, Martha Hodges, c.1675–1725, WL.

Figure 2.13 Using up all the space

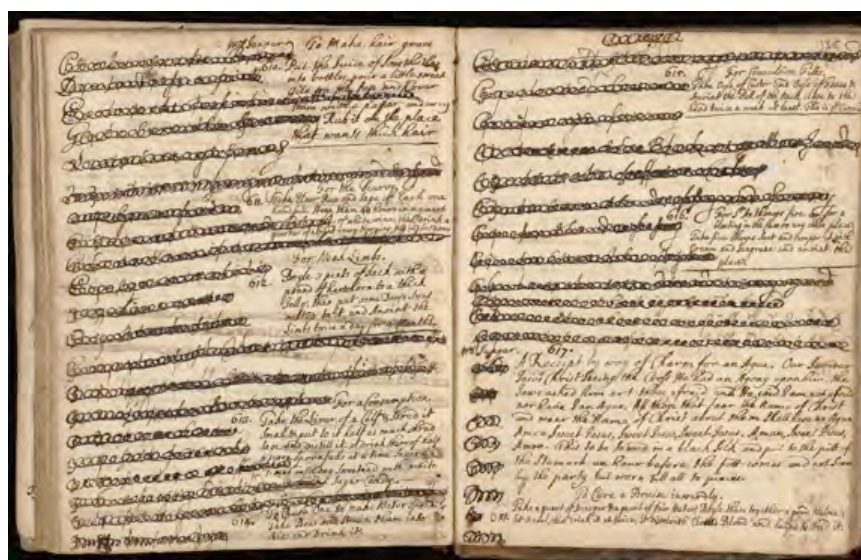


Image © Wellcome Library

Some collections consist simply of pieces of paper gathered together with ribbon or a wrapper (as well as those in later envelopes or folders).³¹ Such recipes were not necessarily less significant to the collector than those that were more formally or permanently recorded, however. Stobart gives the example of the Boscawen family, whose daughter Bridget suffered from scrofula or the King's Evil, and whose extensive collection of remedies for this chronic condition included 54 recipes on 42 loose sheets.³² These assemblies of individual papers are nevertheless problematic from the perspective of the current discussion because, as Smith points out, they are not arranged in any particular way by a compiler, which the bound recipe collections can be, and in fact may merely represent the collating activity of a later family

³¹ For example, D1798/H.M. Drakeford/119, STRO, an undated bundle of medical remedies belonging to Richard Drakeford (d. 1756), a naval officer; and U1590/C43/4, KHC, a 'parcel of receipts I found at Chevening examined by Thomas Lord Londonderry Brother to the late Lucy Countess Stanhope'.

³² Anne Stobart (2013) "'Lett her refrain from all hott spices': Medicinal recipes and advice in the treatment of the King's Evil in seventeenth-century south-west England', in DiMeo & Pennell, *Reading and Writing Recipe Books*, 203–24, p.206.

member or archivist.³³ Their survival may be a reflection of their preservation in an intermediate form between assembling the recipes as scraps or a ‘wastebook’ and their selection for inclusion in a more carefully written volume after testing and evaluation, in the manner suggested by Leong.³⁴ It has to be said, however, that while some of the letters or sheets in another hand were duplicates of recipes in an associated bound volume, and there was occasional evidence of annotations regarding copying from one source to another, as will be discussed later in this section, I found little trace of the process of evaluation before copying occurring on a regular basis. The nearest to Leong’s concept of a wastebook in my research was a group of loose recipes in several hands featuring various notations in the hand of Isaac Borrow: ‘x entered f: 71’, ‘x into f: 63’ or ‘v: f: 71: Rec: Book:’.³⁵ These indicate the existence of a separate recipe book, but unfortunately that has not survived.

The next requirement for compiling a recipe collection was a surface to support the writing process. In an elite household this might have been a writing desk in a closet or library, but those of lower status may merely have used a table, possibly in the kitchen. Wealthier people might also have possessed a portable writing case or set, particularly useful for travelling but in addition employed on top of a table; this configuration led to the development of the writing bureau with a sloping top with which we are familiar.³⁶ Writing cases were made from wood, often

³³ Smith, ‘Women’s health care’, p.50.

³⁴ Leong, ‘Medical recipe collections’, pp.150–56, 159–60.

³⁵ D3155/WH 2702, DRO.

³⁶ Joyce Irene Whalley (1975) *Writing Implements and Accessories: From the Roman Stylus to the Typewriter*, Newton Abbot: David & Charles, p.101. It is in these sometimes tiny writing sets that one is more likely to find a metal pen, especially those made of more than

oak or mahogany, although sometimes from papier mâché.³⁷ They could be richly decorated and were prized possessions. Such cases were also used to store the paraphernalia of writing, summed up in 1703 by one Edward Cocker thus:

Before you begin to Write, be accommodated with these necessary Impliments or Instruments. (*viz.*) 1. A choice Pen-knife of Razor-metal. 2. A Hone, and Sallet-Oil, wherewith to renew the Edge of your Knife. 3. Store of Quills, round, hard and clear, the Seconds in the Wings of Geese or Ravens. 4. Pure, white, smooth grain'd, well gum'd Paper, or a Book made of such, well pressed. 5. The best Ink that you can possibly procure. 6. Gum-sandruck beaten into Powder, searced, and tyed up in a fine Linen-cloth, wherewith pounce your Paper. 7. A flat Ruler for certainty, and a round one for dispatch. 8. A small pair of Compasses, wherewith to Rule double Lines at the first, and to keep your Lines equi-distant. 9. A choice Black-lead Pen. 10. Indian Black-dust, or fine Sand, to throw on Letters written in haste.³⁸

The majority of recipes in my research were probably written with a quill pen, although a small number are in pencil, the 'Black-lead Pen' of Cocker's description. A large number of quills were required because the goose feather from which the pen was made quickly became blunt when used and had to be re-cut with a pen-knife on a regular basis.³⁹ Many writers found this a tricky operation and so preferred to take up a new quill when necessary.⁴⁰ The results of writing with an inferior pen can sometimes be seen in recipe collections, as in Figure 2.14.⁴¹

one part which slotted together, these not being otherwise widely used in the eighteenth century as they tended to rust.

³⁷ Invented in 1772 by Henry Clay, a manufacturer of 'Paper-ware' in Birmingham; David Harris (2001) *Portable Writing Desks*, Princes Risborough: Shire, p.18.

³⁸ *England's Pen-man; or, Cocker's New Copy-Book... Written and Engraven by Edward Cocker*, 1703, quoted in Whalley, *Writing Implements*, p.22.

³⁹ In addition to sharpening the nib, the pen-knife could be used as a form of eraser, to scrape the ink off the page.

⁴⁰ Michael Finlay (1990) *Western Writing Implements in the Age of the Quill Pen*, Wirral: Pen and Pencil Gallery, p.5.

⁴¹ MS 2323, Amy Eyton and Mary Eyton, 1691–1738, WL.

Figure 2.14 Writing with an inferior quill

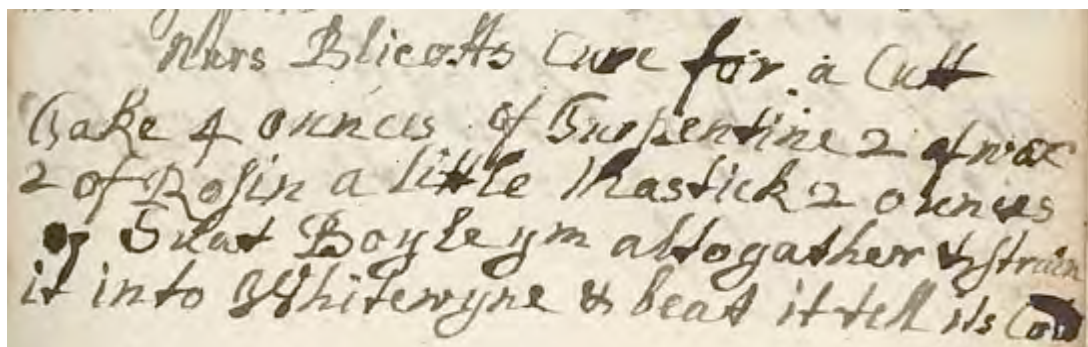


Image © Wellcome Library

The ink itself could be bought commercially: eighteenth-century newspapers carry advertisements for both ‘cake ink’ and ink powder,⁴² both of which were mixed with water for use. Ink was also made at home. There are recipes for it in many manuscript books, the main constituents being galls from the oak and other trees to provide a source of tannin, mixed with iron salts, gum arabic as a fixative and to stop the powder from settling to the bottom of its container, and water. Figure 2.15, noted as written in ink made in this way, is typical.⁴³ As Smyth notes, these are ‘recipes for ink that prescribe, literally, how to keep writing’.⁴⁴

⁴² For example, *Post Boy*, January 2, 1701: ‘England’s Universal Cake INK, made by Thomas Harbin, Inventer of the King’s Japan Ink, is now much Improv’d, being in General esteem for making the best black Writing Ink Extant. Sold at 6d. per Ounce, one Ounce of which will make a Pint of good Record Ink’; *London Post with Intelligence Foreign and Domestick*, March 11, 1700: ‘Holmans London Ink Powder. It is improved that all persons may make their Writing Ink as black and as strong as they please, each Six-penny paper makes a Pint of the strongest, or a Pint and half, or Quart for more common Writing, by stirring it often in so much Rain or River Water.’

⁴³ MS 751, 1647–1722, WL. The book was started by Elizabeth Sleight and continued by Felicia Whitfield of St Albans, although there is no further information about either woman and no discernible relationship between them; Goldstein, ‘Recipes for authorship’, p.118 fn9. The manuscript is discussed in more detail in Smith, ‘Women’s health care’.

⁴⁴ Smyth, *Autobiography*, p.154.

Figure 2.15 Recipe for ink

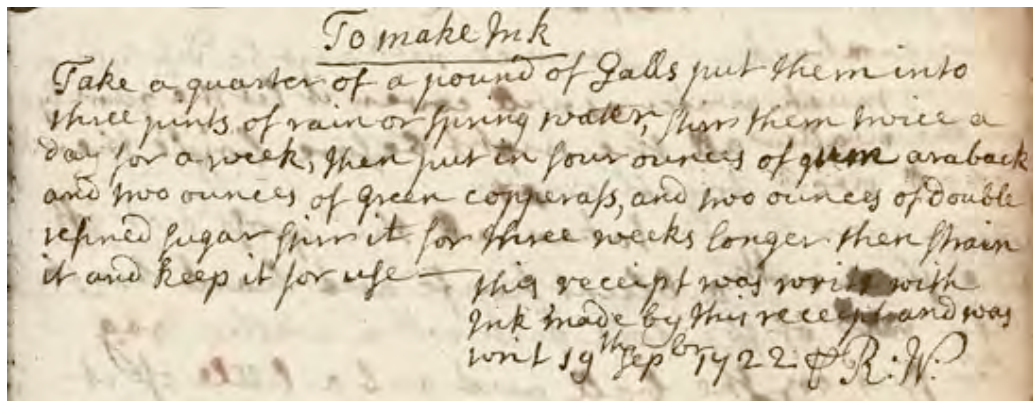


Image © Wellcome Library

Some recipes recommended boiling, as in this from Edmond Combe dated 1735:

6 ounces of galls bruised 5 ounces of gum arabac 3 of green copperas. All cost 1 shilling.

Put all these into 5 pints of raine water let it stand by the fire side ten days stirring it every day with a stick then boil it half an hour & strain it of for use if it boil too long will be thick.⁴⁵

The liquid could be white wine, with the addition of brandy or Malaga wine to help prevent mould, and the tannin could also be obtained from berries or bark. One recipe recommends ‘to make it shine, you may add some peeces of Pomegranat bark, or a small quantity of double-refin’d sugar’⁴⁶; the same addition is also noted in Edward Cocker’s *The Pen’s Triumph* (1658).⁴⁷ The ink used in the recipe collections I have examined is invariably one of various degrees of black, but a red-brown or sepia ink could be made from the powdered ink sacs of cuttlefish, and blue ink was available by at least 1770 using ‘liquid true blue’, purchased from its supposed

⁴⁵ Add MS 49373, Hester Catherine Combe, 1735–78, BL.

⁴⁶ MS 7822, late 17th–early 18th centuries, WL. The ownership inscription is ‘Frances Tyrrell her Booke 1682’. Some recipes are attributed later to Lady T. Tyrrell and Sir Harry Tyrrell, which indicates that Frances may have been Frances Blount, wife of Sir Thomas Tyrrell, whose eldest son was called Harry.

⁴⁷ Quoted in Finlay, *Western Writing Implements*, p.27.

inventor Mr Falck and selected retailers at a cost of 1s per half ounce; two years later a rival, W. Jones, was offering the same at half the price.⁴⁸ One volume has 12 different recipes for ink, even including invisible ink – a mixture of white wine vinegar and litharge of gold,⁴⁹ revealed by a mixture of arsenic and quicklime.⁵⁰

In addition to a stand or tray for pens, an inkstand, otherwise known as a standish, would include an inkwell (often made of glass with a metal screw-on lid, but sometimes of metal, particularly silver to match a silver standish) and a pounce pot, also termed a sander.⁵¹ Pounce was a powdered resin called gum sandarach, which was sprinkled lightly onto the paper and rubbed in before starting to write; any residue would be returned to the pot using the saucer-shaped lid. It meant that the ink spread less and the writing was crisper. Later in the eighteenth century, after glazed papers had come into use on which the ink did not disperse, the pounce was replaced by chalk or powdered biotite, sprinkled onto the writing to blot it; the latter would make the ink appear to sparkle.⁵² Blotting paper was not mass-produced until the middle of the nineteenth century,⁵³ although it did exist and there are pieces tucked into the pages of many recipe manuscripts.⁵⁴

⁴⁸ *Gazetteer and New Daily Advertiser*, May 31, 1770; *Morning Chronicle and London Advertiser*, June 5, 1772.

⁴⁹ Actually lead oxide mixed with red lead.

⁵⁰ MS 7893, mid-18th century, WL.

⁵¹ It might also feature tapersticks for sealing wax or a box for adhesive sealing wafers, and possibly a bell for summoning a servant.

⁵² Finlay, *Western Writing Implements*, p.34.

⁵³ *Ibid.*

⁵⁴ For instance, D3549/24/1/6, Mary Sharp Baker, late 18th–early 19th centuries, GA.

Organising the collection

In order to ensure that the effort expended on creating a recipe book did not go to waste and that the knowledge stored inside could be retrieved, some form of organisation can be seen in many bound collections. This was recommended for commonplace books by James Beattie in 1783, although the common-sense advice could have been readily available before that date:

It is easy, and far more advantageous, to write correctly and legibly, with durable ink, and in note-books provided for the purpose, and carefully preserved. And when a volume is finished, it will be an amusement... to make an index to it; and to write upon the cover such a title, or summary of contents, as may serve for a direction.⁵⁵

Of course, the way the manuscript was compiled affected the degree of structure that was possible. Mary Fissell notes that manuscript ‘recipe books are highly formulaic’ in their organisation, and to the degree that they contain what she terms ‘a string of recipes’ that may be true, but there is otherwise a great deal of variety in the way they are put together.⁵⁶ Some were presentation volumes or fair copies of another source, perhaps created as a gift⁵⁷ and/or by a scribe. MS 4056 could be an example, since it is all in one hand, broadly alphabetically organised and with no spaces, but there is no indication of how it was compiled. Others were created consecutively over time as the compiler acquired the recipes, with perhaps a ‘starter’ collection copied in first.⁵⁸ For instance, the Marchioness of Annandale’s book incorporates an introductory note that it was ‘Collected & compil’d from receipts of her mother Mrs Temperance Vanden Bempden’, although after that it is not organised in any

⁵⁵ James Beattie (1783) *Dissertations Moral and Critical*, London, quoted in Susan M. Stabile (2004) *Memory’s Daughters: The Material Culture of Remembrance in Eighteenth-Century America*, Ithaca, NY: Cornell University Press, p.13.

⁵⁶ Fissell, ‘Women in healing spaces’, p.155.

⁵⁷ They were sometimes wedding gifts; Pennell & Leong, ‘Introduction’, p.10.

⁵⁸ For a discussion of this practice see Leong, ‘Medical recipe collections’, pp.127–8.

discernible way.⁵⁹ While making a fair copy does allow for employment of a considerable degree of strategy, it is still possible to impose a structure on a volume constructed over time, however.

One solution if the compiler wished to organise a large volume of recipes was to have separate books for each purpose. For instance, Sophia Newdegate had matching volumes for ‘Physical Receits’ and ‘Miscellaneous’ (household and veterinary).⁶⁰ The existence of a third volume, now missing, for culinary recipes is signalled by a recipe for ‘A green pea soop’ in the medical book, crossed through with the notation ‘Put in this book by mistake’.

Other possibilities were to arrange the recipes alphabetically, leaving spaces for subsequent entries, or to have sections for different kinds of recipes. Paratextual elements such as indexes or lists of recipes, arranged either alphabetically or chronologically, would make the volume a ‘retrieving tool’ rather than merely a record, thus rendering it more usable.⁶¹

Table 2.1 indicates the number of collections in this research that have some form of organisation by alphabetisation or section, and those that have an index or contents list. The latter terms are often used interchangeably and do not have the precise modern meanings, as will become clear from the subsequent examples. The finding that an index or table of contents was the most frequently used device agrees with Leong’s seventeenth-century research, although she noted a higher proportion

⁵⁹ MS 3087, Charlotte Van Lore Johnstone, Dowager Marchioness of Annandale, c.1725, WL. This recipe book is discussed in Whaley, *Women and the Practice of Medical Care*, p.164.

⁶⁰ CR 1841/4, CR 1841/1, Sophia Newdegate, 1754, WCRO.

⁶¹ Randolph Head (2014) ‘Delineating archives around 1500: Information, state power and new forms of organization in the constitution of an early modern European cultural form’, *Transforming Information: Record Keeping in the Early Modern World*, 9–10 April, London: British Academy.

of alphabetically arranged collections.⁶² There is no particular pattern over time to be discerned in my own research. For instance, although by the end of the eighteenth century volumes in the main had become shorter, as noted in Chapter 3, there was no discernible decline in organisational devices. One late eighteenth-century collection has hand-lettered tabs at the front for an index, which is arranged by illness (or the main ingredient for culinary recipes)⁶³; Mildred Hodgson's late eighteenth-century book has culinary recipes at the front and medical ones at the back⁶⁴; Frances Rous's c.1777 volume has the contents listed at the front in page order.⁶⁵

Table 2.1 Organisational features in the recipe collections⁶⁶

Organisational device	No. of collections	%
Index and/or contents	59	30.73
Culinary and medical recipes at opposite ends, often reversed in orientation	19	9.9
Division into sections	11	5.73
Alphabetical arrangement	6	3.13
Internal cross-referencing	4	2.08

In some volumes space was allocated for subsequent entries. For instance, Katharine Palmer wrote on the first page of her book:

⁶² Leong, 'Medical recipe collections', p.31.

⁶³ X171/59, 1770–1830, BLA.

⁶⁴ HOD, Mildred Hodgson of Liverpool, 1781–1809, CHL.

⁶⁵ U DDHO 19/2, c.1777, HHC.

⁶⁶ The percentages are calculated excluding the collections that consist of loose sheets only, of which there were 49. Figures for cross-referencing and indexing do not include the Heppington Receipts (MS 7997, MS 7998 and MS 7999, late 17th–19th century, WL), as these organisational devices were inserted after the compilation of the recipes. From the Godfrey-Faussett family of Heppington, Kent, these were subjected to detailed cross-referencing, possibly by the Rev. Brian Faussett (1720–76), whose bookplate appears at the front of each volume and who was a noted antiquarian. The other two volumes were owned by Catherine Godfrey (in 1698) and Mary Faussett (in 1741).

A collection of the best receipts... Of which you will find the exact Tables in the end of this book... Note, there is room left for a supplement to this book of what shall come in after the compiling of it, beginning at p. 230 in Cookery, preserving, & such like things. And there is room to continue on the Medicinal Collection, where it at present concludes, at p. 197⁶⁷

Unfortunately, the ‘exact Tables’ she mentions are missing.

In contrast, in ‘A Book of Phisick Made June 1710’ blank pages are not left after each section, implying this was a project largely completed at one time and not intended to be added to substantially. A significant amount of planning needed to be done in advance, as all the recipes, apart from a few in another hand, follow the order of the alphabet (recipes for conditions beginning with B are together, and although not alphabetically arranged within that letter, all those for bleeding are in one place, then those for shortness of breath, then those for hydrophobia), with subsequent sections for recipes with doctors’ names in the title (some well-known such as Dr Lower, others evidently family physicians, such as ‘Dr Hopman for my cough 1725’); waters; syrups; powders; drinks; balsams; purges; ‘oyles’; ‘oyntments’; plasters & salves; poultices; and glisters. There are ‘alphabets’ at the beginning ‘to the Diseases’, ‘to the Medicens’ and ‘to the Surgery’, with entries largely following the order of the recipes, although some of the entries under diseases are from other parts of the book: the recipe for ‘Flos Unguentum or Angel Salve’ on page 190 is noted under ‘Ears imposthume’ (Figure 2.16).⁶⁸ Manuscript tables of contents were common additions even to printed books, as Heather Jackson notes in her study of

⁶⁷ MS 7976, WL.

⁶⁸ MS 1320, WL.

marginalia, implying recognition of the desire (indeed, need) to be able to find certain information quickly.⁶⁹

Figure 2.16 An 'alphabet' as an organising device

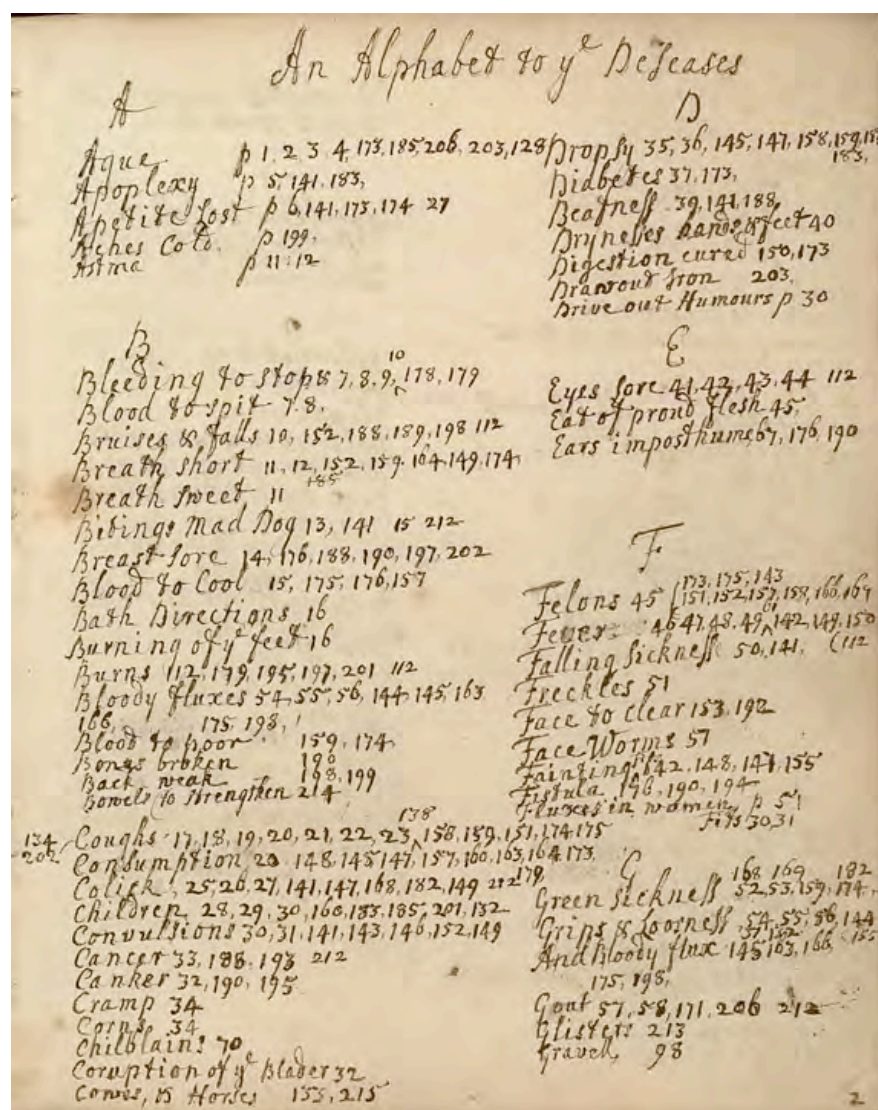


Image © Wellcome Library

⁶⁹ Heather Jackson (2001) *Marginalia: Readers Writing in Books*, New Haven, CT: Yale University Press, p.25.

The unknown compiler of another collection numbered the recipes consecutively, on numbered pages, but did not arrange them in any way within the book. ‘The Table’ at the front lists recipes under the relevant letter of the alphabet, in the order they appear in the book, with page numbers:

a
 Lemon ale 2
 China ale 10
 Apricock whipples 11
 To butter apples 18
 To fry artichoaks 22
 Aqua mirabilis for ricketts 35
 Asthmatick syrop and pills Dr Dade 37
 Dr Smyths pectorall apozem 45
 Chowlett almonds 46
 White loash almonds 46
 Cowslipp ale 48
 To make limon ale 49
 Limon ale 50

Alphabetisation is by the main ingredient or type of recipe or ailment – cough remedies appear under C, jellies under J. This is not consistent, however, as ‘A water for fevers’, ‘Barly water for a consumption’ and ‘Surfeit water’ are all listed under W for water, whereas ‘To make plague water’ and ‘Rubarb water for a looseness’ occur under P and R respectively.⁷⁰

A further volume contains culinary recipes up to page 60, household recipes from 63 to 70, and medical recipes from pages 74 to 156. Blank pages were left so that additional recipes could be included under that section; although individual recipes are not dated, they are written in more than one hand and with different inks, indicating that the collection was compiled over time. There is a list at the end of the book (its direction reversed) titled ‘Index’, divided into ‘Cookery’ then ‘Physick’,

⁷⁰ Add MS 28812, 18th century, BL.

and listing recipes in the order in which they appear; the numbers to the left refer to the number of the recipe rather than the page:

- 1 Apricot wine
- 2 To prevent convulsions in children
- 3 Against convulsion fits
- 4 Lady Scawens red cordial
- 5 To make capillaire [syrup of maidenhair fern]⁷¹

A recipe book in several hands was structured by the unknown contributor of the majority of the recipes according to the categories of ‘Physicall Receites’ (medical remedies), ‘Excellent Receites for Chirurgery’ (plasters, recipes to reduce swelling and for sores, wounds and aches), ‘Receites of Curiosity’ (preserves, skin care, cakes and ‘to Cast All kind of Bea[s]tes & Birds to stand’) and ‘Receites of good Huswifrye’ (pickles, cheeses, syllabub, puddings and pastries). The recipes are numbered within each section and each has an indexing letter appended to the right-hand side, although there is no index. A glance at a double-page spread will give some idea of the nuances involved in indexing content of this nature (Figure 2.17). Where should ‘An excellent water for sore eyes’ be allocated? W or E, one would think, but this compiler chose S. ‘To strengthen the stomake against vomiting’ went under V rather than S, and all drinks appear to have been assigned to D rather than the ailment for which they were intended.⁷²

⁷¹ Add MS 29435, BL.

⁷² MS 7818, WL.

Figure 2.17 Numbering and indexing

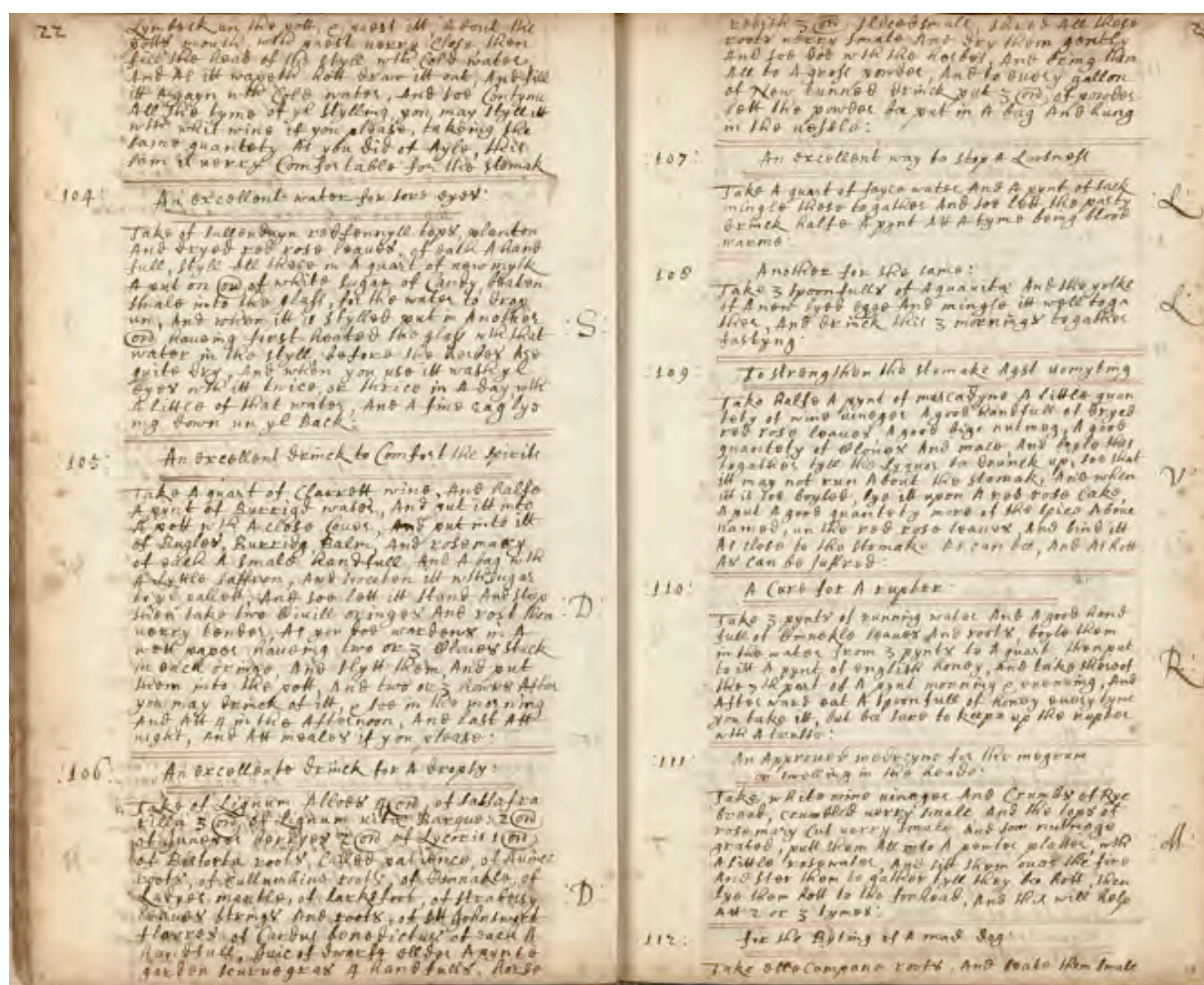


Image © Wellcome Library

The problem of where to put entries was explicitly acknowledged in another book from a similar period, for which the letter W is provided in Figure 2.18. The compiler advises ‘Severall kinds of Wine from page 39 to 49 but to find any p[ar]ticular sort you sooner look for the chief Ingredient, in the Table viz for Goosberry Wine see G: for sage wine S: for Cowslip wine C &c’. Nevertheless, this was contradicted by the practice of listing all the waters under W; and it can also be noted that ‘Sirrups of Violets’ and ‘Sirrups of Gilly Flowers’ were misindexed.⁷³

⁷³ MS 7892, late 17th–18th century, WL.

Figure 2.18 Indexing wines and waters

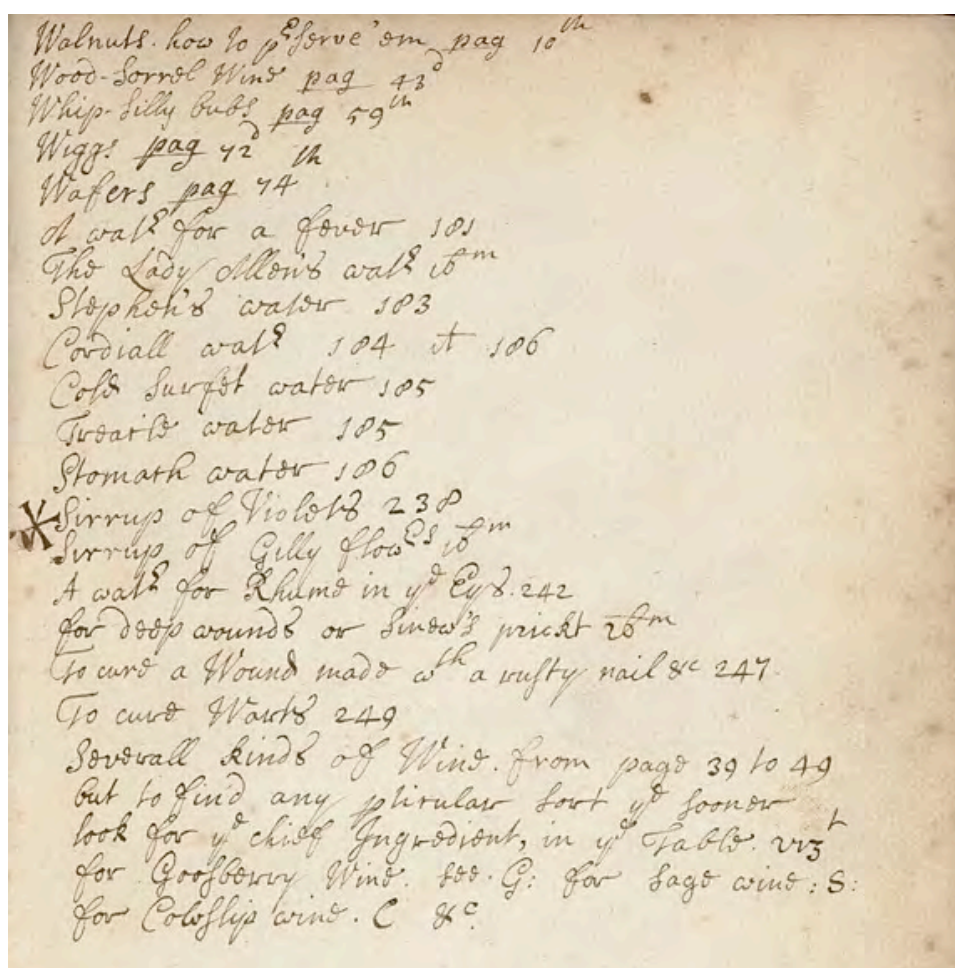


Image © Wellcome Library

Another compiler opted to locate 'A digestive plaster' and 'Advice for the small pox by Doctor Pitcairn' under A in the index, and also to do some double indexing: 'Bolus, for vapours 26' under B is partnered by 'Vapours, severall cures for them 26' under V.⁷⁴

One 250-page volume was beautifully written, mainly in one hand, and carefully structured. It has sections for preserving (including syllabub and cakes), [di]stillling, skincare and household recipes, physic and surgery, wine and liquors,

⁷⁴ 1 Worsley 20, 'A Collection of Receipts by Mrs Villiers', 1660–1740, LA. The archive identifies this as possibly belonging to Barbara Howard (née Villiers), Countess of Suffolk, although this is unconfirmed by internal evidence, nor is the dating certain.

syrops, and cookery. At the front there is an 'Alphabetical Table to find any Receipt contained in the Booke', with hand-lettered tabbed pages for 24 letters, I and J and U and V being combined. For letters such as C under which there were a large number of entries, the writer had some difficulty fitting them all in (Figure 2.19).⁷⁵

Figure 2.19 Crowded index under C

Item	Page
Convulsions	92
Cough or Consumption	93
Cracknels to make	91
Codlins green Codlins to salt	91
Cherries to preserve white Cherries	91
Cherries how to make it	221
Cottings to preserve	43
Carpe how to dress it	221
Cherries Cakes	43
Cold a Syrup for it	206
Cakes made with butter & macegall flowers	44
Colick a medicine for it	148
Citrons how to preserve	44
Children's hushion	150
Clare spirit of clare	57
Carrots padding	222
Carrots padding or potatoes	222
Calves Calves head to stew	222
Calves head frisky	222
Calves head to salt	222
Calves Chafon to stew	222
Calves foot padding	222
Carpe to dress another way	222
Capon to keie	242
Cherrie a Syrup for it	222
Cherrie to treat Cherrie	222
Cherries Cakes another way	44
Cherrie to make without runnet	224
Chickens to stew Spanish way	223
Chicken a frisky of chicken	224
Chickens pye	223
Chickens Jelly of chickens	204
Chattre pye to stew	202-207
Cherries to preserve in Jelly	53
Cherries Brandy	191
Cherries Tarts	207
Chilblains	159-162
Citron to preserve	57
Creame Leuens Creame	54
Cakes light Cakes	59
Cherries water	92
Cock & Eels to Spith	1236
Cock Jelly of a Cock	205
Cock for a Syrup for a Cock	205
Codlins Tarts	239
Colour to remove after Lundy	152
Colick	152-154-167-168
Cold a Syrup for it	206
Coccolins to pickle another	236
Convulsions fix	59
Cough	152-153-154-155-156
Corrants to keep for chynel	52
Corrants to preserve dry another	52
Creames Tarts	50
Creame to make lump cream	50
Creames Syrup Maras	54
Curds leafs	49
Curds padding	239
Culls for a Small Bird	116
Cut of Brude	162
Cracknels to make	59
Cakes to make	59
Cherrie Water to make	112
Cider to clear it	190
Consumption	93-171
Croupish breath	208
Dye Drink to cleare Blood Mr. Dobins	122
The beer Drink	124
Another Biter Drink	124
Drink for a Consumption St. Leger	125
Loosning Dye Drink Mr. Bonfield	127
Disordium	127
Drink for a wound any wound brise Impatience	128
Damsons to preserve	39
Jelly of Damsons	23
Damsons Wine	183
Damsons Wine another way	185
Dye Drink of my Lord Killmarney	136
Docks Ale	136
Dye Drink for the Spleen & Liver	145
Drink to stay a loose for a Woman of Lye in	51
Damsons or any Plums to dry	206
Beer A real beer pye	154 & 156
Droopy	48
Drying of fruits as grapes Apricots &c	48
Drying preserved fruits as Apricots &c	48
Duck a french potage with a Duck	230
Dumplings	200
Dye Drink of St. Reynold Dishes	156
Dye Drink Another	171
Droopy a dye drink for it	172
Dye Drink for Droopy gout Consumption	172

Image © Wellcome Library

Hester Combe indexed her recipes by category, medicines and household recipes first, then cookery, although she did not always choose the appropriate category: rolls and 'sallibub' made their way into the index under medicines, even though they

⁷⁵ MS 4054, c.1690–1710, WL.

seem to have been written at the same time as the recipes surrounding them and do not appear to be dietetic in intent. The index is mostly organised under letters of the alphabet, with page numbers added presumably as the recipes were written in, which occurred over time. For instance:

Cough 31. 59. 102
 Consumpsion 60. 102. 110
 Canker 100. 119
 Cold 102
 Convulsions 103
 Collick 107 & 108
 Chilblains 123
 Coolers 49
 Cement 90

However, sometimes she got carried away: ‘old wound’ comes after gout and is crossed out; ‘Inward hurt’ follows sore mouth; and there are a group of recipes from consecutive pages out of order at the end:

Worms 117
 Old wound 121
 Oyl of frogs 120
 Oyl of spike 120
 Oyl of voilets or roses 120
 Oyl of St Johns wort 121
 Old sores 122

The description usually refers to the ailment rather than the type of recipe (salve, drink, ointment etc.) and the index is incomplete and inaccurate.⁷⁶

M. Mascall’s small volume incorporated a partial index at the back, perhaps signalling how to find the information he or she was most interested in:

⁷⁶ Add MS 49373, BL.

For an ague
 Page 7, 18, 25 etc
 Cough
 27, 54, 61 etc
 Rheumatism
 13, 65, 72 etc⁷⁷

Simpler organisational devices were sometimes used without paratextual elements, for instance recipes might be entered under a letter of the alphabet,⁷⁸ or several versions of the same recipe might occur on a single page, without the rest of the book being in any particular order. For instance, there are seven recipes for stone and gravel in one Buckinghamshire manuscript, followed by recipes for a cough, surfeit water and ‘convulsion’ water.⁷⁹ Other recipe books (19 in total) include, say, culinary recipes from the front of the book, then the book is turned round and medical remedies are written in from the back, upside down to the initial entries; for an example see Figure 2.20.⁸⁰ Ezell describes this reversal of a manuscript as ‘two books, beginning repeatedly, but never really ending’,⁸¹ although sometimes the turning upside down is not maintained and appears to be rather random.

⁷⁷ MS 7875, M. Mascell, Holford, Somerset, 1798, WL.

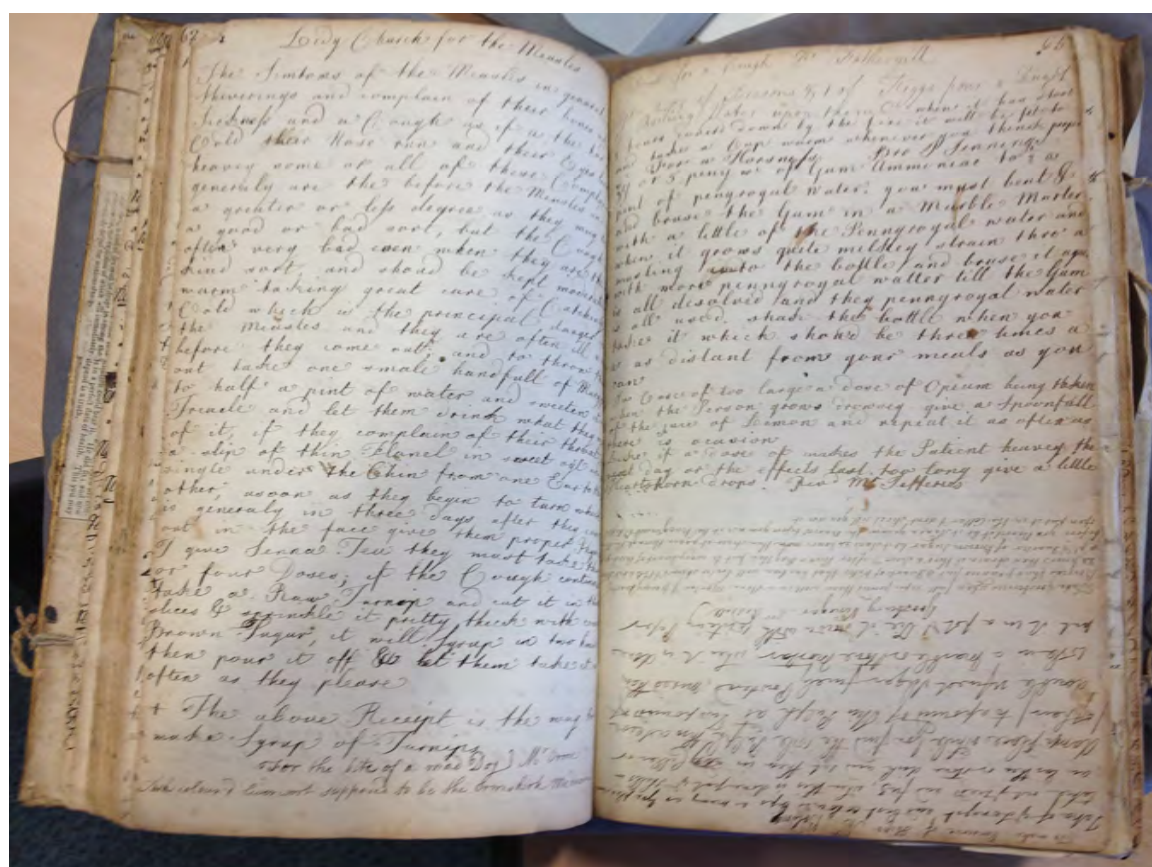
⁷⁸ For instance, MS 2840, WL.

⁷⁹ D138/16/6, Chequers Manuscripts, 18th century, CBS. These are family papers from Chequers Court near Wendover, now the country residence of the UK prime minister, which in the eighteenth century was in the ownership of the Russell family after John Russell, Oliver Cromwell’s grandson, married Joanna Rivett in 1715.

⁸⁰ HMN 4/5, NRO.

⁸¹ Ezell, ‘Domestic papers’, p.44.

Figure 2.20 Culinary and medical recipes meeting in the middle of a book



Nevertheless, over half the collections exhibit no apparent organising principle, with recipes of all types copied out on the same page. For instance, one volume includes these recipes consecutively:

- To make jumballs
- To make jelly of pippins
- For the greene sickness
- To dry greene walnutts
- To preserve damsins
- To make conserve of enulacompana [elecampane] for a consumption, cough, or shortnesse of breath
- For the piles
- To make conserve of redd roses
- To make little cakes
- To staie a looseness and comfort the stomacke⁸²

⁸² Add MS 30502, 17th–18th centuries, BL.

A page of another book featured this mixture of medical, household, culinary and veterinary recipes:

for a cold on the Brest From Dr James
 Paint for garden walls Sir Tho Sebright
 To make a Cream Cheese from Lady Buck
 (verso) For the Cholick in a Horse
 A Colouring for the out side of Buildings According to Mr Clarkes men
 Rough Cast
 For an irritation of urine Mr Ranby⁸³

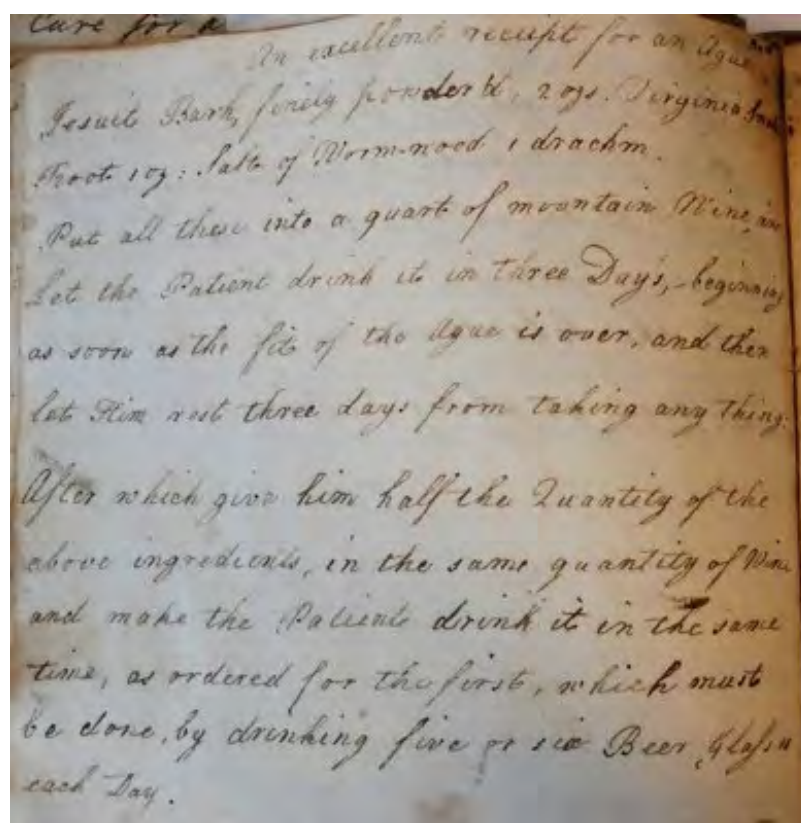
This may indicate that the recipes were written down in the order they were acquired with little thought given to organisation. On other occasions the information originated from the same source, such as in Dorothea Repps' manuscript, in which a recipe for 'Gripes or looseness and vomiting' attributed to Mrs Browne of Norwich was followed by one for rice pudding from the same person, and consecutive recipes for syrup of wormwood, eye ointment, oatmeal pudding and chocolate cream were noted as being from 'sister Russell'.⁸⁴ The addition of recipes of different kinds in order of acquisition is also a sign of the diversity of activities involved in running a household, where a writer (of either gender) may be concerned with maintaining both the interior and exterior of the house, while simultaneously paying attention to the appetite and health of its human and animal inhabitants.

⁸³ Add MS 29740, BL.

⁸⁴ MS 7788, Dorothea Repps, 1703, WL.

Compilers had various ways of composing the individual pages within a manuscript. In some books the writing was regularly and fairly widely spaced (for example Figure 2.21),⁸⁵ in others as much writing as possible was crammed in (Figure 2.22 and even more so Figure 2.23⁸⁶). If recipes were arranged in categories or collections, that necessarily entailed that blank space be left for later additions; in those that were more haphazard, recipes could be filled in wherever there was room, so less space was taken up overall. Sometimes this led to recipes being shoehorned into tiny available gaps, as in Figure 2.24.⁸⁷

Figure 2.21 Writing in straight lines, widely spaced



⁸⁵ 332/256, WSA.

⁸⁶ MS 7745, late 17th–early 18th century, WL; MS 7893, WL.

⁸⁷ 613/778, SRO.

Figure 2.22 Small writing crammed into page

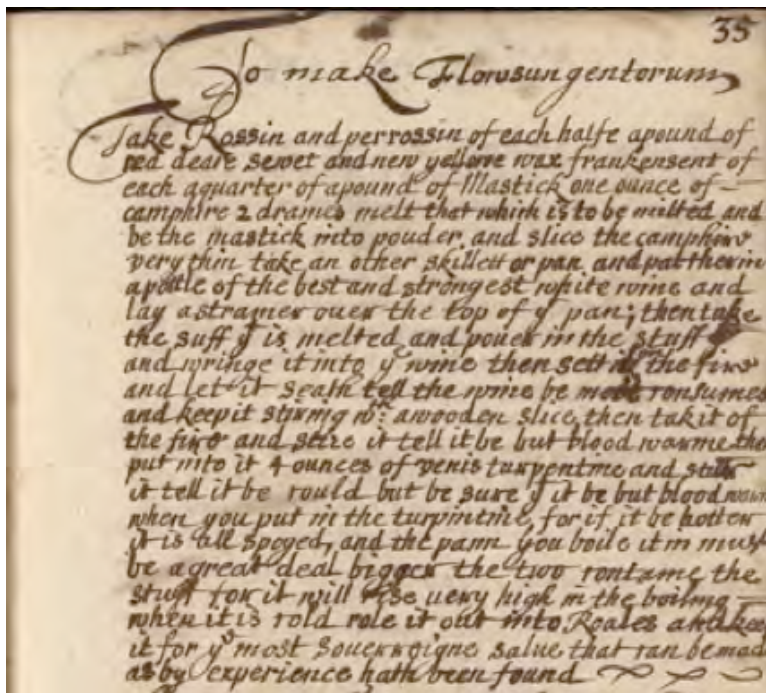
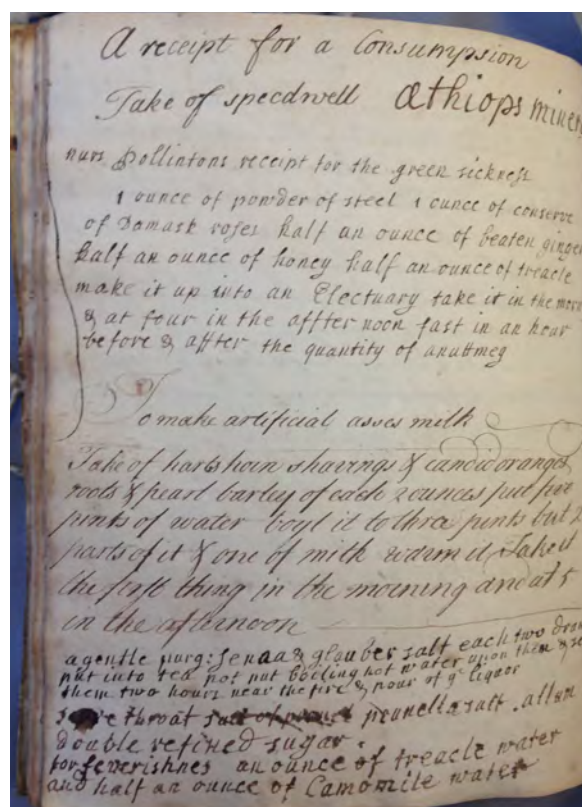


Image © Wellcome Library

Figure 2.23 A book filled with very small writing



Figure 2.24 Using all the gaps



A feature of many books is that only the recto was used for recipes, the verso remaining blank (for instance Figure 2.25⁸⁸) or employed solely for the odd note on a recipe on the facing page. Leonie Hannan notes the etiquette in letter writing of the time that the inside of the folded sheet be left blank,⁸⁹ of which this may be a reflection, although I have been unable to corroborate this assertion in contemporary writing manuals, and have seen many letters to which this did not apply.

⁸⁸ MS 1796, 17th–18th centuries, WL.

⁸⁹ Leonie Hannan (2012) 'Studying the materiality of women's letting-writing in the digital era', *Writing Materials: Women of Letters from Enlightenment to Modernity*, 29–30 November, London: King's College London/V&A Museum.

Figure 2.25 Recipes written on recto only

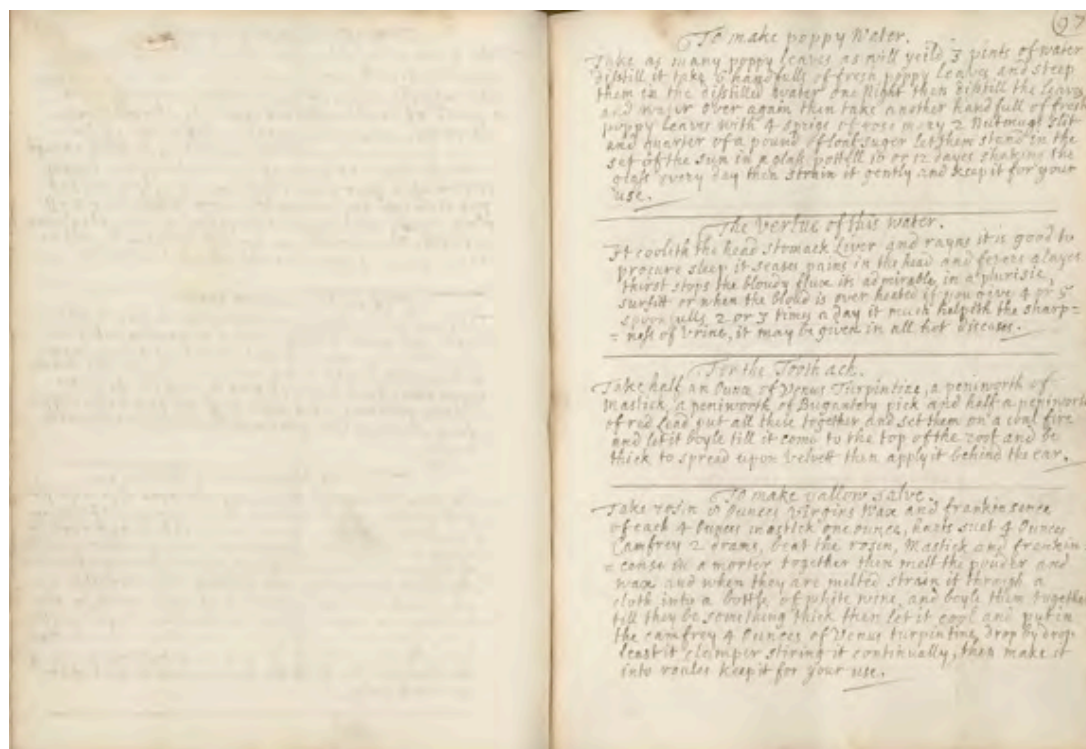
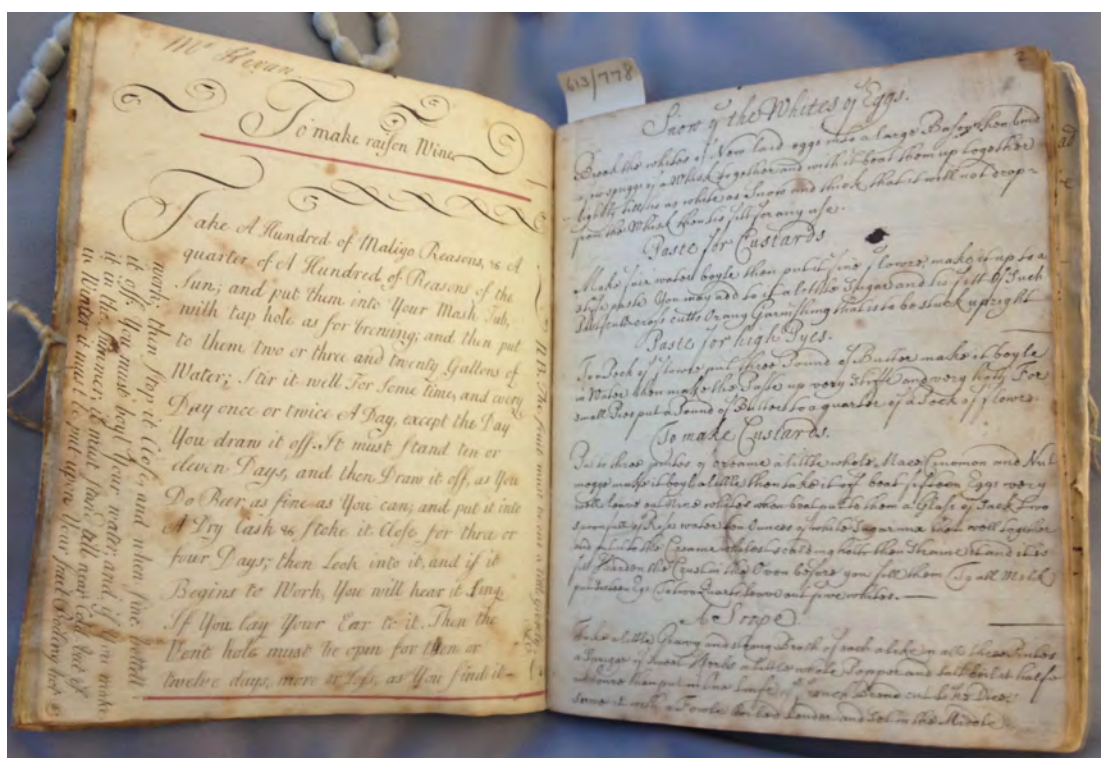


Image © Wellcome Library

While some writers filled up the width of the page, in other volumes quite wide margins were allowed, which were then used to complete a recipe that fell at the end of a sheet (see Figure 2.26).⁹⁰ Most writers seemed to avoid continuing a recipe over more than one page, particularly where this would involve another leaf, perhaps in case the page became detached and therefore some of the recipe would be lost. Not running over to the next page might also have aided in the comprehension of instructions that were not always linearly expressed, as discussed in Chapter 3.

⁹⁰ 613/778, SRO.

Figure 2.26 Finishing a recipe in the side margin



Some kind of device was often used to ensure that the title of the recipe was easily spotted, particularly when there was no contents list or index, and thus no means of accessing a looked-for recipe other than browsing through the manuscript. This might be by rules around the titles (Figure 2.27),⁹¹ underlining the headings, leaving space, or employing large and elaborate titles (Figure 2.28).⁹²

⁹¹ MS 7822, WL.

⁹² MS 1321, c.1675–c.1725, WL.

Figure 2.27 Rules to stress recipe titles

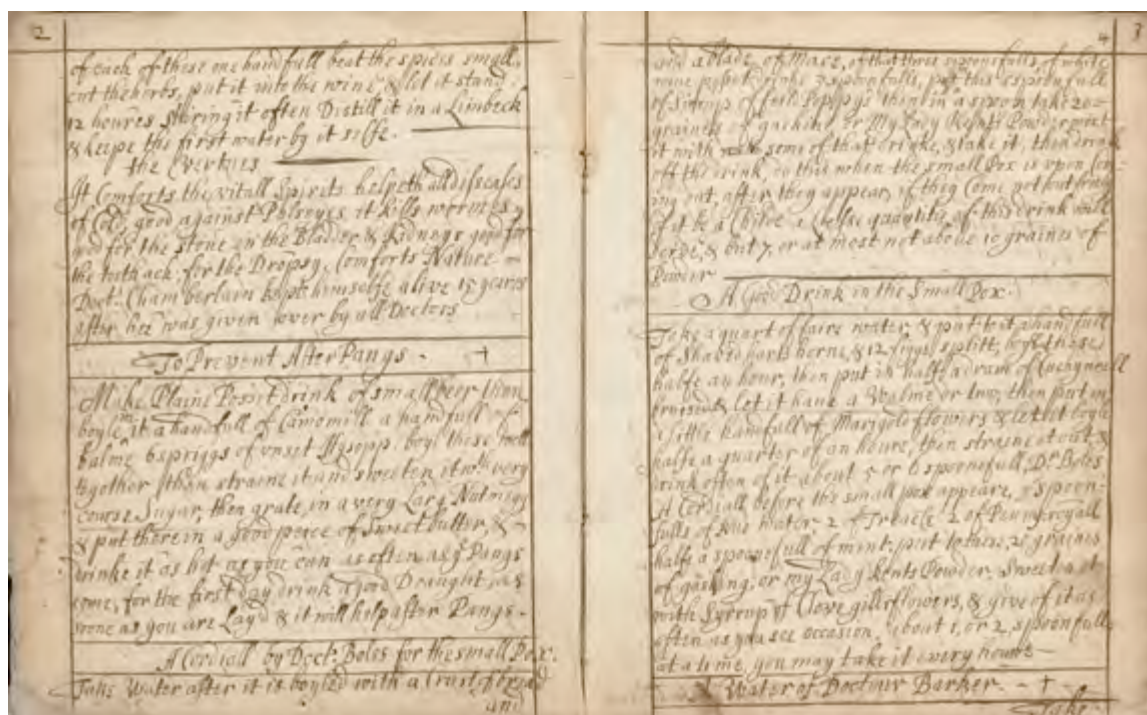


Image © Wellcome Library

Figure 2.28 Elaborate titles

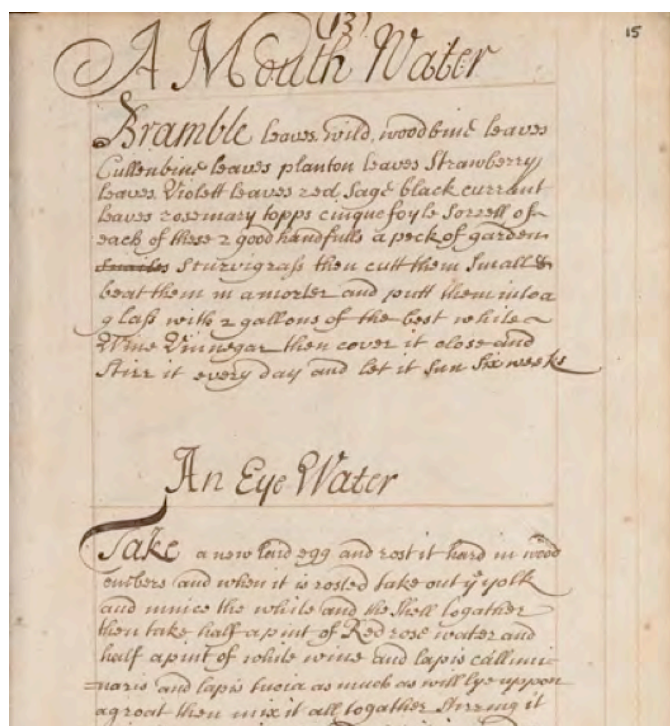


Image © Wellcome Library

Allowing no differentiation within the page in fact makes the recipes very difficult to read or identify. For instance, there are four recipes on the spread in Figure 2.29, but at first glance it is a mass of text.⁹³

Figure 2.29 No differentiation of titles

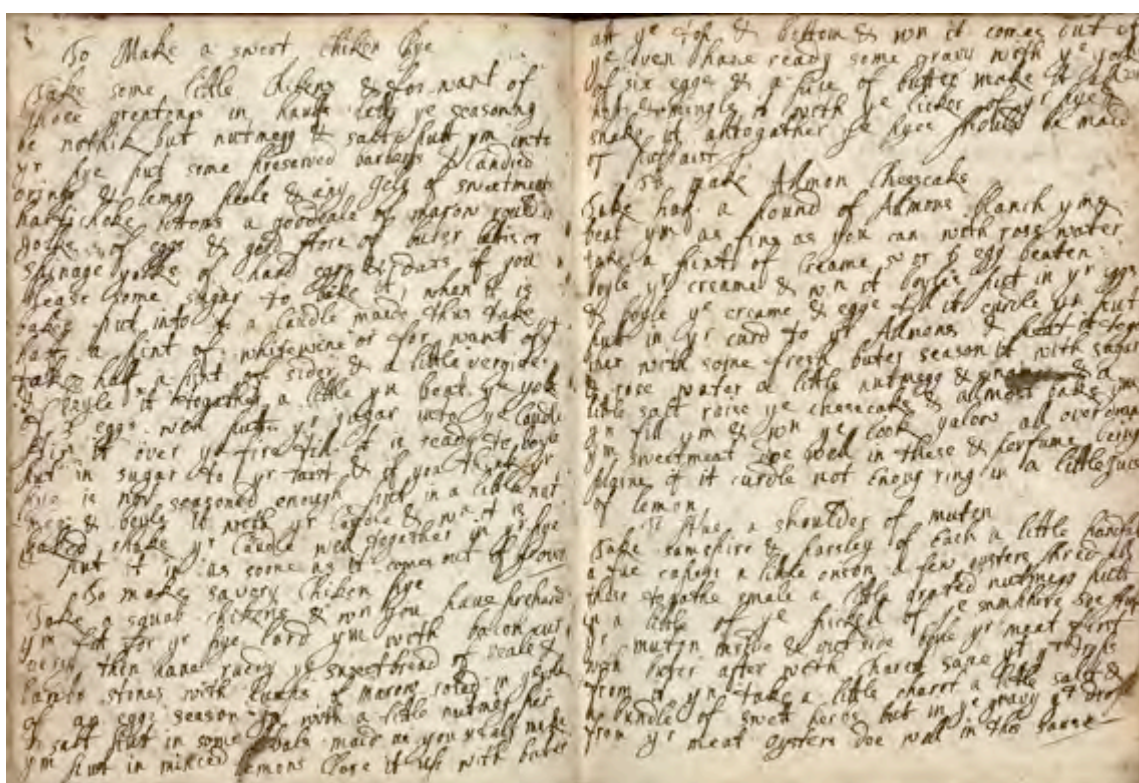


Image © Wellcome Library

A rigorous schema would have been difficult to adhere to in the dynamic context of a manuscript completed over time. Nevertheless, the fact that so much thought was paid to structuring and arranging the contents implies that the owner not only wanted to record the information, but also to be able to retrieve it again easily.

⁹³ MS 2323, WL.

Non-medical recipes

A further feature of the recipe collections is what they contain in addition to medical recipes. As can be seen in Table 2.2, the volumes are rarely exclusively medical.

Table 2.2 Non-medical content of recipe collections

Type of content	No. of collections	%	% excluding loose sheets
Culinary recipes	147	61.00	76.56
Household/cosmetic recipes	77	31.95	40.10
Veterinary recipes	45	18.67	23.44
Other content – accounts, inventories, family history, poetry etc.	37	15.35	19.27

By far the most common companion content is culinary recipes, particularly when loose sheets are excluded, therefore focusing on manuscripts where the compiler's choice can be better discerned. These covered the full range of cookery activities, from preserves to pastries, from meat dishes to biscuits, from puddings to wine and beer. Culinary recipes were sometimes listed separately, but more often they were intermingled with the medical content. For instance, one manuscript has plague water followed by lemon cream, and Lady Allen's water between usquebaugh⁹⁴ and orange marmalade.⁹⁵ Indeed, there is a considerable degree of overlap between culinary and medical recipes, and on occasion some ambiguity as to which category a particular recipe should be allocated to, particularly waters, broths and caudles.

⁹⁴ Gaelic for water of life, so whisky.

⁹⁵ Add MS 30502, BL.

This is in line with the relationship between food and medicine discussed in Chapter 4, particularly with regard to regimens for health or for particular conditions.

A similar conflation applies to recipes for what one might call skin care: lip salves, pomatums and tooth powder are frequently written under the heading of physic or similar, whereas they might be considered more cosmetic. This may be because, as Edith Snook points out in relation to seventeenth-century recipes for ‘beautifying’ preparations, the surface of the body was as valid an object of medical care as the interior.⁹⁶ Thus, recipes for face washes, pomatum, hand cream and tooth powder may not be out of place in an overall healthcare regime, although their function in eighteenth-century domestic medicine has been little studied.

Household recipes were for such activities as cleaning gloves or blacking grates, although they can be ambitious, such as ‘Directions for making an ice house’⁹⁷ or detailed instructions for whitewashing, including how to construct a cradle to support the workers and the appropriate price to pay.⁹⁸ Appendix 2 lists the content of Sophia Newdegate’s book of ‘Miscellaneous Receits’⁹⁹ as an illustration of the range of activities encompassed in this description, including hobbies as well as housework and home maintenance. With the more unusual recipes, one might question whether the purpose of noting them down was for future reference or because the writer found them an object of curiosity.

Medical recipes for animals are frequently intermixed with those for humans, and are very similar. For instance, this equine recipe for ‘Balls to cure a violent cold

⁹⁶ Snook, *Women, Beauty and Power*, p.22.

⁹⁷ Add MS 29435, BL.

⁹⁸ Add MS 29740, BL.

⁹⁹ CR 1841/1, WCRO.

or glanders to prevent sickness to purge away molton grease to recover a lost stomach or to make a lean horse thrive’:

Take of aniseeds comminseeds carthamum [cardamom] seeds powder of eliocampan roots of each 2 ounces make them to a very fine powder and sarch [i.e. sieve] them very fine then add an ounce of flower of brimstone. Take an ounce of the best juice of Liquorish and dissolve it in half a pint of White wine, one ounce of the oyl of aniseeds, one ounce of surup of colts foot of the best sweet oyl and honey Each half an ounce Mix all together with the powders and with as much wheat flower [flour] as will make them into a stiff past make balls of them somewhat larger then a French walnut so keep them close stopt in a pott for use they will keep all the year¹⁰⁰

compares well to this human remedy for a cough:

Powder of Liquorice, sulphur of Brimston, Powder of Elicampane of each half an ounce, Powder of Anniseed, quarter of an ounce, mix it up with honey, take the bigness of a nutmeg, going to rest.¹⁰¹

Some collections contained dual-purpose recipes, such as ‘For a strain in man or beast’.¹⁰² This was frequently the case with remedies for rabies, which frequently carried an instruction like this:

Give it warm. To a man fasting, eight or ten spoonfulls.
Give it cold. To a beast, 12 or 14 spoonfulls
To a sheep, hog or dog, 5 or 6 spoonfulls.¹⁰³

Anna Maria Reeve’s volume contained recipes for the staggers (a metabolic disorder of horses, cattle and sheep), fret (colic) in horses and mange, a skin condition caused by parasitic mites.¹⁰⁴ Another book had, mixed with various medical and household recipes, those ‘For the cholick in a horse’, ‘For the mange’ and ‘How to treat a bitch

¹⁰⁰ D1798/H.M. Drakeford/119, STRO.

¹⁰¹ D138/16/6, CBS.

¹⁰² Add MS 29435, BL.

¹⁰³ U1590/C43/2, mid-18th century, KHC.

¹⁰⁴ MS 2363, c.1750–1800, WL. Anna Maria Reeve of Hendens, Berks took over the volume from a Mrs Finger in 1779.

when her whelps are taken a way'.¹⁰⁵ Working animals such as horses and farm animals such as sheep and pigs were valuable commodities and thus worth looking after. As such, Louise Hill Curth has argued that veterinary medicine should be included in discussions of the domestic provision of healthcare, although little work has been done here.¹⁰⁶

Other volumes demonstrate a fascination with natural philosophy and experimentation that was typical of the time, or 'the leisure pursuit of *virtuosi*', as Lynette Hunter and Sara Hutton term it.¹⁰⁷ For instance, one book's 'Curiosities' section included instructions such as 'To make a perpetual motion', 'The secret of fire eating' and 'To make a horse follow his master find him out & challenge him amongst never so many people'.¹⁰⁸ Anna Maria Reeve's manuscript contained a recipe for 'an electrical implement', with the note 'I am told, that this instrument rubbed upon a cat's back, &c &c collects the electrical fluid much faster than any cylinder & cushion whatever'.¹⁰⁹ In some ways this is an extension of the 'scientific' work performed, particularly by women, in the household¹¹⁰ – hence its inclusion in

¹⁰⁵ Add MS 29740, BL.

¹⁰⁶ Louise Hill Curth (2002) 'The care of the brute beast: Animals and the seventeenth-century medical market-place', *Social History of Medicine*, 15(3):375–92, pp.376–7. She found 11 manuscripts containing remedies for animals in her survey of 75 digitised manuscripts at the Wellcome Library, representing at 14.67% a broadly similar figure to that found in my wider investigation, 18.67%, although rather less than the figure of 23.44% when loose sheets are excluded; (2013) '*A plaine and easie waie to remedie a horse*': *Equine Medicine in Early Modern England*, Leiden: Brill, p.191.

¹⁰⁷ Lynette Hunter & Sara Hutton (1997) 'Women, science and medicine: Introduction', in Hunter & Hutton (eds), *Women, Science and Medicine 1500–1700: Mothers and Sisters of the Royal Society*, Stroud: Sutton Publishing, 1–6, p.4; see also Ann B. Shteir (1996) *Cultivating Women, Cultivating Science: Flora's Daughters and Botany in England 1760 to 1860*, Baltimore, MD: Johns Hopkins University Press, p.2.

¹⁰⁸ MS 7893, WL.

¹⁰⁹ MS 2363, WL.

¹¹⁰ Lynette Hunter (2005) 'Women and science in the sixteenth and seventeenth centuries: Different social practices, different textualities, and different kinds of science', in Judith P.

a domestic manuscript like this, particularly when accompanied by an interest in botany that was also a ‘culturally approved’ activity¹¹¹ – but it is also a reflection of the degree to which an interest in this kind of knowledge had become part of polite society.¹¹² Entrepreneurial lecturers toured the country offering demonstrations and courses in ‘Philosophy, Chemistry, and Vegetation’ or ‘Mechanicks, Hydrostaticks, Pneumatticks, Electricity, and Astronomy’,¹¹³ and the *Ladies’ Diary*, which offered advanced mathematical puzzles, was one of the best-selling almanacs.¹¹⁴

Other content

In addition to various kinds of recipes, the manuscripts featured other sorts of information. In many there was a type of frontispiece claiming ownership (68 volumes in this research, 35.42% of the total excluding loose sheets). Indeed, in H.L. Jackson’s study the most common form of marginalia was an ownership mark; as she comments, ‘the first impulse of any owner appears to be the impulse to stake a claim’, and this seems to be as true of manuscript recipe books as well.¹¹⁵ If the inside front cover is anything to go by, William Morris of Bewley was proud to own his commonplace book and the medical and veterinary recipes it contained (Figure

Zinsser (ed.), *Men, Women and the Birthing of Modern Science*, DeKalb, IL: Northern Illinois University Press, 123–140, p.127.

¹¹¹ Shteir, *Cultivating Women*, pp.2–4.

¹¹² Alice N. Walters (1997) ‘Conversation pieces: Science and politeness in eighteenth-century England’, *History of Science*, xxxv:121–54, p.122.

¹¹³ John R. Milburn (1983) ‘The London evening courses of Benjamin Martin and James Ferguson, eighteenth-century lecturers on experimental philosophy’, *Annals of Science*, 40:437–55, pp.437, 441, 446.

¹¹⁴ Costa, ‘The “Ladies’ Diary”’, p.52.

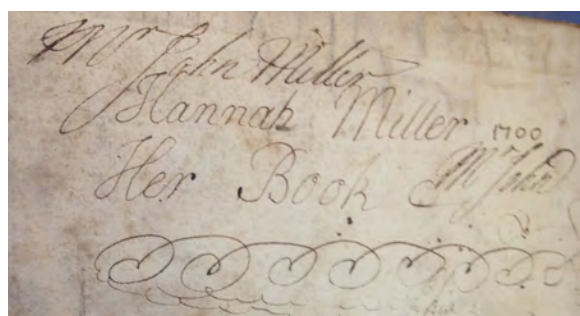
¹¹⁵ Jackson, *Marginalia*, p.19.

2.30).¹¹⁶ Hannah and John Miller appear to have shared a volume somewhat uneasily, judging by the frontispiece (Figure 2.31); the writing changes to and fro throughout the book, so this is not a case of successive compilers.¹¹⁷

Figure 2.30 Ownership inscription



Figure 2.31 Overlapping claims to ownership



Another book was evidently passed through the Gibson family, perhaps from a father to a daughter and then down another generation, and they all recorded their names (Figure 2.32).¹¹⁸

¹¹⁶ BOL 4/9, 1765–91, NRO.

¹¹⁷ 613/778, SRO. The relationship between the two is not certain.

¹¹⁸ MS 311, 1632–1717, WL. This book is discussed by Pennell ('Introduction', p.9), who notes the change in use from medicinal to culinary as it passed down the generations.

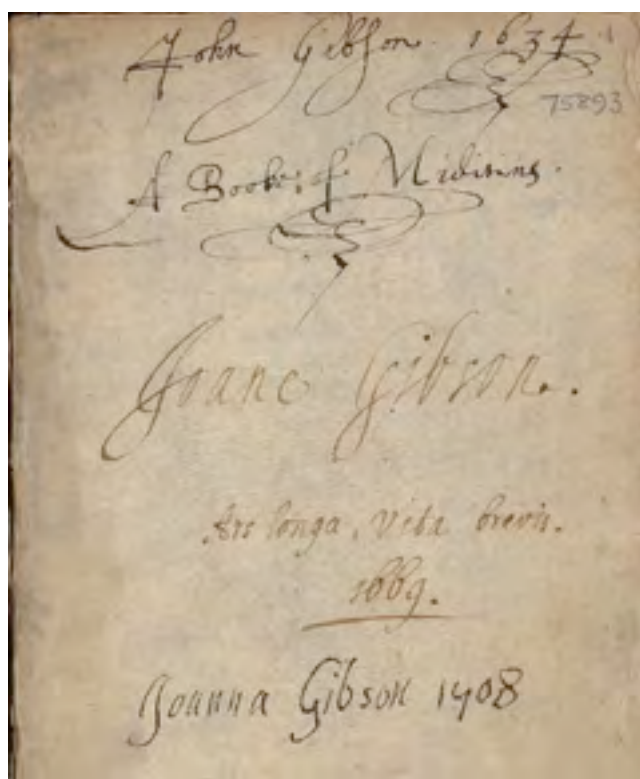
Figure 2.32 Intergenerational transmission

Image © Wellcome Collection

Another volume went through several changes of ownership, judging by the variety of names inscribed on its first and last pages (Figure 2.33).¹¹⁹ It is possible to discern Penelope Hugh, who possibly became Penelope Humphreys on marriage, the writer of the majority of the recipes; Elizabeth Browne; Sarah Studman; L Crowne; Mary Dawes (three times); as well as other jottings, sums, biblical verses and sayings, ‘Sarah Studman hir hand riting indeed’, and what appears to be someone trying to copy Thomas Studman’s signature.

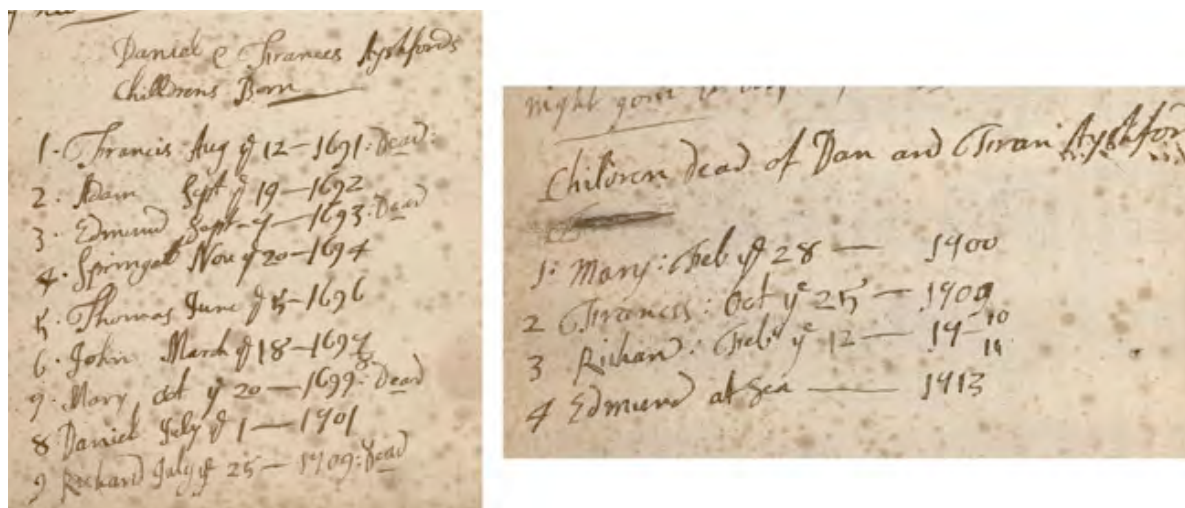
¹¹⁹ MS 7851, late 17th–early 18th century, WL.

Figure 2.33 Successive signatures and other scribbles

Images © Wellcome Library

Family information was frequently included, treating the recipe book in a similar way to the family bible. Frances Springatt Ayshford's volume memorialises her family, with its lists of children born and those dead at the beginning and end (Figure 2.34).¹²⁰

¹²⁰ MS 4683, 1676–1823, WL. The book is discussed in Whaley, *Women and the Practice of Medical Care*, pp.163–4.

Figure 2.34 Names and birth/death dates of children

Images © Wellcome Library

Other collections functioned rather more like commonplace books than recipe books per se, incorporating copied-out extracts from other works, particularly the bible, and memoranda of other sorts.¹²¹ This indicates information the compiler saw as entertaining or informative, ‘taking the essence’¹²² from other sources in the same way as medical information they viewed as important was recorded. John Sargent’s volume incorporated musings on subjects as diverse as architecture, bread and manners, quotations in Greek from Herodotus, as well as recipes ranging from ‘soap for the hands’ to ‘cracks in horses heels’, from ‘beer without malt’ to ‘balls for cleaning regimentals or other coloured cloth’, and from ‘to fat fowls’ to ‘a cheap kind of paint for rails &c’.¹²³ Martha Hodges’ book featured ‘Miscellanea’ including ‘Amusements for Catholicks’ and extracts from poetry and prose: the page on the

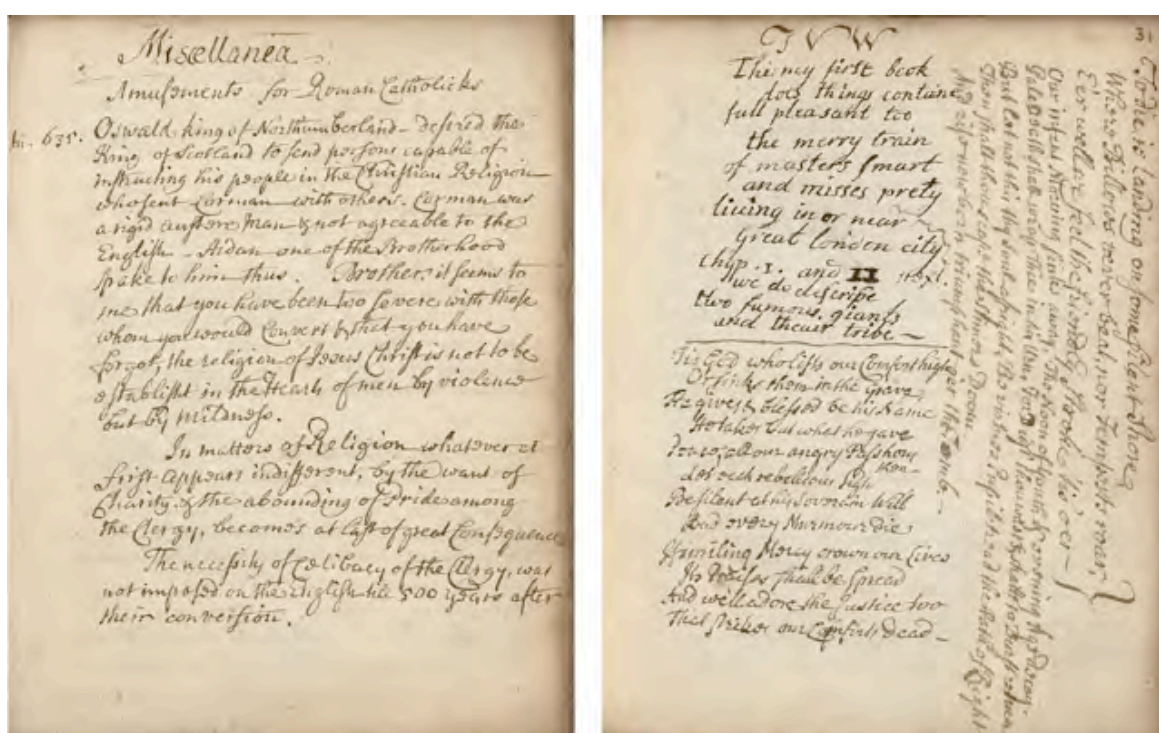
¹²¹ David Allan writes that recipes were ‘a particularly common focus’ of commonplace books in general; (2010) *Commonplace Books and Reading in Georgian England*, Cambridge: Cambridge University Press, p.88.

¹²² Simon Eliot & Jonathan Rose (2009) *A Companion to the History of the Book*, Chichester: Wiley-Blackwell, p.55.

¹²³ Wilberforce/291, 1775, WSRO.

right in Figure 2.35 includes part of a hymn by Isaac Watts and a section from *The Dispensary* by Sir Samuel Garth, indicating that the writer of this commonplace material was a later owner, possibly her great-granddaughter Sarah Tilley to whom the book eventually passed.¹²⁴

Figure 2.35 Commonplace elements



Images © Wellcome Library

Other volumes incorporated accounts,¹²⁵ mathematical practice¹²⁶ or tables of latitude and longitude,¹²⁷ as appropriate to the activities or occupation of the

¹²⁴ MS 2844, Martha Hodges, Wellcome Library, c.1675–1725. I cannot trace any definitive information on Martha, although it is possible she was the Martha Hodges who was buried in St Dunstan's on 27 July 1685. I can find no dates by the recipes themselves so am unclear what the archive's dating is based on, as if the book was Martha's it was likely to have been created earlier in the seventeenth century.

¹²⁵ For instance MS-Manus/508, Anne Sheldon Evers, 1724–32, RCP. The archive lists her name as Eure, but the name Evers occurs frequently in the manuscript.

¹²⁶ For instance MS 1793, 1680–c.1725, WL.

compiler. A large leather-bound volume of culinary and medical recipes also included, starting from the other end and reversed, accounts, inventories and a catalogue of books, among them two herbals.¹²⁸ Sometimes this other information was the major purpose of the book, so that the medical recipes were more incidental, perhaps a small selection of favourite remedies the writer wished to have readily to hand. For instance, a volume belonging to Admiral Fremantle also contained copy letters and orders, information on naval subjects and a detailed set of drawings on how to construct firework rockets, as well as medical recipes for gout, rheumatism and the bloody flux.¹²⁹ Here, the medical recipes act in a similar fashion to sections of text copied out as handwritten marginal notes in printed volumes, about which William Sherman observed that they ‘testified to the place of that book in the reader’s social life, family history, professional practices, political commitments, and devotional rituals’.¹³⁰

Some recipe collections included drawings, in the margins, under recipes or on pages of their own. These are sometimes relevant to the recipes, such as the chocolate pot in Lady Ann Fanshawe’s volume that is often reproduced. Less frequently discussed from the same book are the drawing of a plant, with illegible annotations that seem to suggest which part to use (Figure 2.36), or the garden design (Figure 2.37).¹³¹ In another volume there was a drawing of a plaster for worms

¹²⁷ For instance D1798/H.M. Drakeford/121, A. Langley, 1717, STRO.

¹²⁸ CR 341/300, Waller family, 1716–18, WCRO.

¹²⁹ D-FR/235/1, Fremantle MSS, 1788–1813, CBS.

¹³⁰ William H. Sherman (2008) *Used Books: Marking Readers in Renaissance England*, Philadelphia: University of Pennsylvania Press, p.xiii.

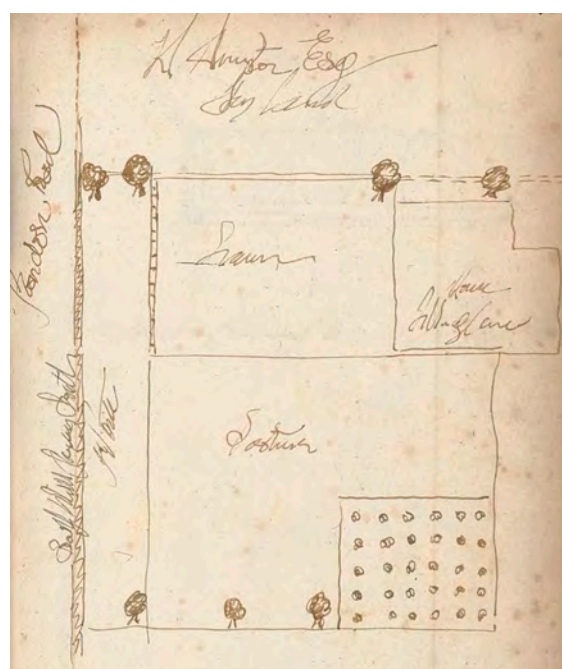
¹³¹ MS 7113, WL.

enclosing the recipe itself (Figure 2.38).¹³² Such explanatory illustrations are rare, however, which accords with the findings of research by Sven Dupré into Renaissance ‘books of secrets’, 95% of which did not incorporate images even when these would have been useful, for example when describing how to manufacture different kinds of mirrors.¹³³

Figure 2.36 Annotated drawing of a plant



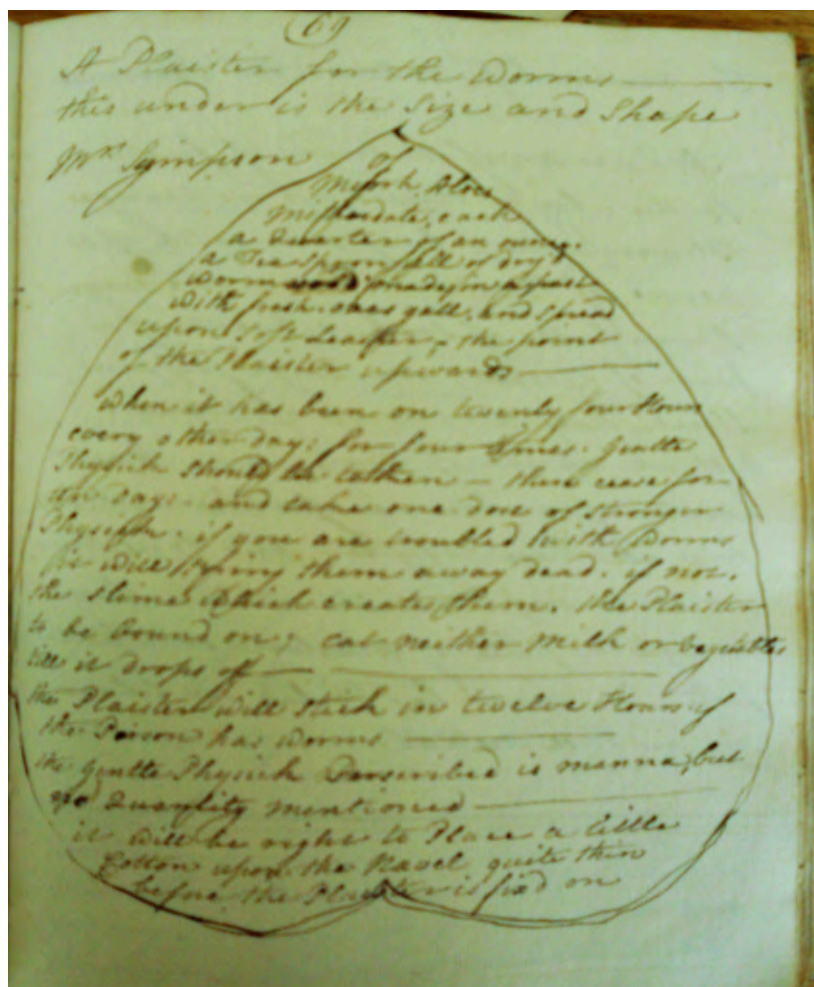
Figure 2.37 Garden design



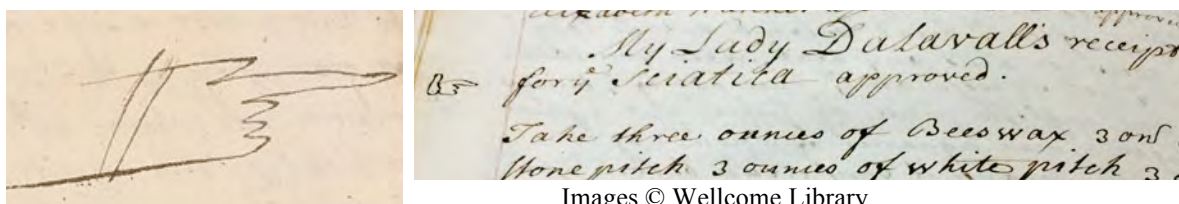
Images © Wellcome Library

¹³² 2667/12/40, Mrs J.E. Arundell, 1786, WSA. There were several J.E. Arundells, but this book probably belonged to Ann Wyndham Arundell.

¹³³ Sven Dupré (2013) Recipes and images: Writing about the visual, visualizing knowledge, *Visualizing Knowledge in the Early Modern Period*, Courtauld Institute of Art, 26 February.

Figure 2.38 Plaster for worms, drawing indicating size and shape

Sometimes the drawings were small, such as the ‘manicule’, the pointing hand that is a direct descendant of scribal culture, which occurs in some books to emphasise particular recipes (Figure 2.39),¹³⁴ or the tiny woodcock that decorates many pages of Frances Ayshford’s volume (Figure 2.40).

Figure 2.39 Manicules

Images © Wellcome Library

¹³⁴ Sherman, *Used Books*, pp.7–8; MS 7997, WL (left) and MS 1626, Thomas Cholwich, 1716, WL (right).

Figure 2.40 A repeated motif

Images © Wellcome Library

One collection contains what looks like a child's drawing (Figure 2.41),¹³⁵ possibly based on observation in the kitchen, and other sketches could be described as doodles, as in Figure 2.42.¹³⁶ The latter in particular may point to the function of the recipe book as writing practice, or that the writer was becoming bored; one can conjure up a mental picture of a young woman at her writing desk, staring into space and scribbling on the paper rather than copying out yet another medical recipe she is not sure she will ever have the opportunity or need to use.

¹³⁵ MS 1796, WL. The drawing is discussed in Phyllis Thompson (2013) 'Coalition talk: The new archive: Women, writing, work', *Peitho*, 15:54–65, pp.60–61.

¹³⁶ MS 7822, WL.

Figure 2.41 Drawing from back of recipe book

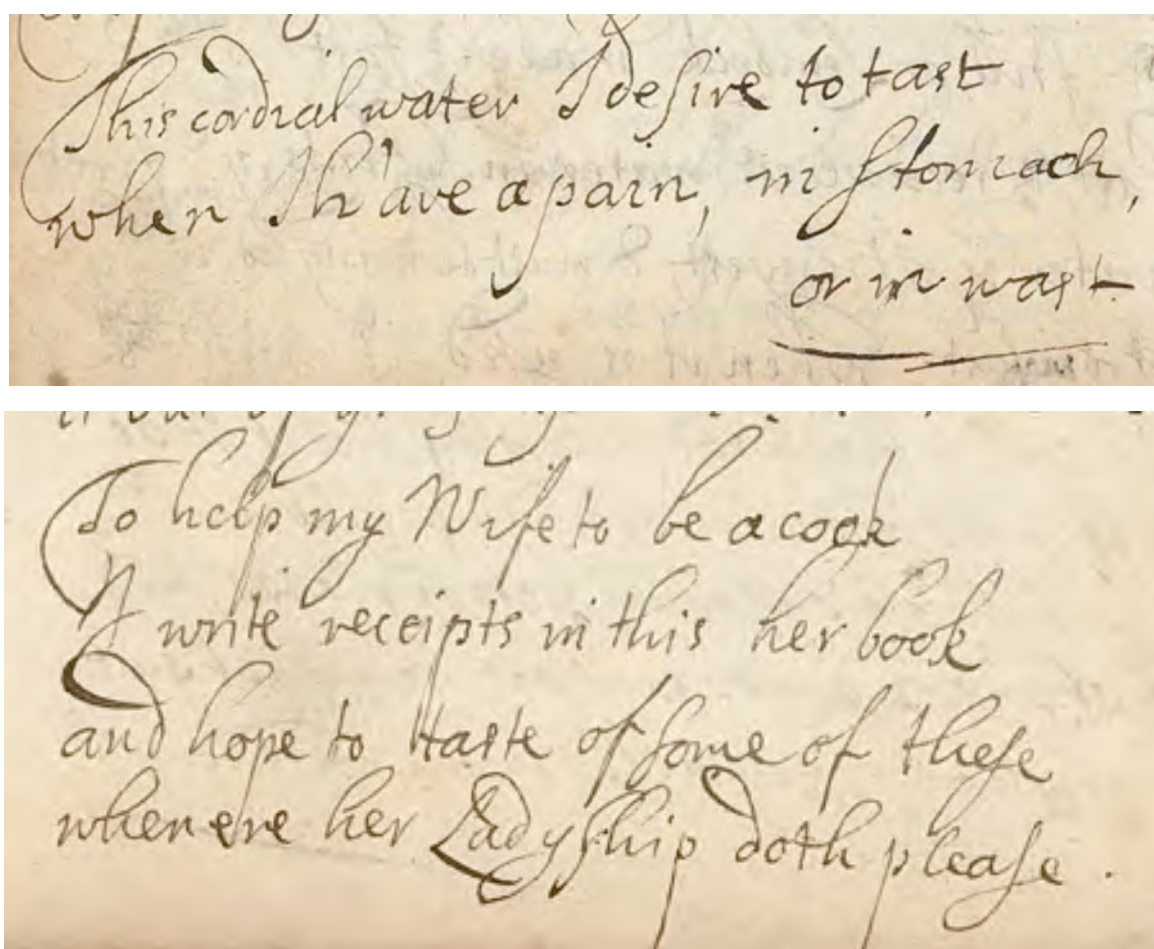


Figure 2.42 A doodle



Of course, by no means all compilers of recipe collections were female, as will be discussed in more depth in Chapter 5. One male writer left his trace in poems for his wife scattered through their recipe book: he explained that he was copying out the recipes to help ‘her ladyship’ and that he would like to try one of the recipes when he had occasion (Figure 2.43).¹³⁷

Figure 2.43 Poems from a male compiler



Images © Wellcome Library

¹³⁷ MS 7892, WL.

Conclusion

Recipe collections can be found in all shapes and sizes, in many different kinds of books and bindings, and with handwriting that ranges from the obsessively tiny to an unreadable scrawl. Today, when recording information can be done easily and quickly, we tend to overlook the significant expenditure of time and energy that would have been required to create such a book of knowledge. In addition, handwriting itself was a physical act, particularly over long periods, perhaps in candlelight. Compilation would only have been possible at certain times of day, when there was sufficient light to work by, which would have been a constraint during the winter. The work of recipe collection and recording would have had to be fitted in around other household tasks in what would already have been a busy life for many women; even though they had servants, their domestic staff still needed to be supervised and directed. Male compilers would also have had other demands on their time. We might see the activity involved as implying that the output, the collection of written recipes, was invested with more significance as an artefact and a symbol of both oeconomic skill and family heritage, as Chapter 7 will consider.

And given the presence of tens or sometimes hundreds of recipes, how could the compiler of a collection ensure the knowledge was always at their fingertips? Once again, the information could not be searched or re-ordered with a click of a mouse as with its digital equivalent today. Nevertheless, both the initial selection of recipes to include and the action of writing them out would have helped to make them easier to remember.¹³⁸ The strategies employed to order and structure recipe books are diverse and themselves revealing of the compiler's personality – some

¹³⁸ Rebecca Laroche (2009) *Medical Authority and Englishwomen's Herbal Texts, 1550–1650*, Aldershot: Ashgate, p.16.

volumes were pre-planned, with separate sections divided in various ways, or recipes written in some kind of alphabetical order; other collections are pell-mell, helter-skelter, a profusion of recipes perhaps only linked by donor or date of acquisition.

The content in these books was not only recipes, but included family history, favourite poetry, biblical extracts, accounts and inventories, writing exercises or drawings. These are all reflective of the character and interests of their creator, an aspect to which I will return in Chapter 7. Furthermore, the recipes themselves were not only medical but ranged widely over culinary, cosmetic, household and veterinary activities, as well as a smattering of natural philosophy and entertaining experiments. This paralleled the domestic environment at the time, where the responsibility for looking after household and estate did not break into convenient silos, but involved overlapping activities. Brewing might be of beer or a diet drink; a dish on the fire might contain a sweet cream or a soothing ointment; the choice of menu might be for regimen rather than taste; it was as important to know how to make picture varnish as pastry; and a cold remedy could just as easily be for a horse as a human.

This chapter has considered the materiality of recipe collections, the typical characteristics and degree of organisation they possessed as well as the variety of forms they took. It has illustrated the multiplicity of information that compilers wanted to record and retain, and the different ways in which they ensured the stability and continuation of this knowledge. The discussion of these ‘containers’ grounds the consideration in the rest of this thesis of the compilers themselves, of how the information was obtained and shared, and of the underlying reasons for the practice of recipe collection. It is the medical recipes themselves, their variety, application and content, that will be the subject of the next two chapters.

3: The Recipes I – Format and Variety

What did the medical knowledge contained in manuscript recipe books consist of and which areas of healthcare did it encompass? This chapter will detail the range of conditions the recipes were intended to address and how that related to the most frequent causes of death and kinds of illness suffered at the time. It will then identify variations in different regions of England and over time, and how the results compare with those in the earlier studies of Leong, Stobart and Smith. In addition, the chapter will identify a trend in collecting fewer and simpler recipes, in particular those involving the use of sophisticated equipment. First, however, it is necessary to understand how the recipes themselves were typically structured.

What is a recipe?

Among recipes for cakes and fritters, wines and pies, Lady Frances Hotham's recipe book¹ contains an entry that begins:

For little children's lambswool shoes

Cast 17 stitches. Knit 1 row plain. Add a stitch at both ends every other row, till you have 23 stitches. Knit 1 row plain. Add a stitch at the end only, every other row till you have 28 stitches.

Or consider this, from a book of 'Medical receipts for the human and animal species'²:

Paper lamp

Cut a piece of paper into a circular form about the size of a crown piece; twist a wick in the center, & plate it in the manner of a smoak jack. Put this to float in a saucer of oil & water in a large bason, & it will burn all night.

¹ U DDHO/19/3, 1816, HHC.

² MS 7942, Thomas Chambre, 1790, WL.

Can those be described as recipes?

The term ‘recipe’ is conventionally applied to instructions for preparations that are either culinary or medical. Interestingly, the first definition in the *OED* is ‘A formula for the composition or use of a medicine’, followed by ‘A statement of the ingredients and procedure required for making something, (now) esp. a dish in cookery’. However, my research indicates that the definition would benefit from being inclusive of a wider range of applications. The knitting pattern and artefact described above are more extreme than some, but the same kind of definitional issue applies to other recipes, for instance these two from Cornwall, which could loosely be described as veterinary and household respectively:

To prevent lambs from being killed by foxes &c

Take of brimstone gun powder and train oil make an ointment rub behind the ears and tail³

Fulminating powder

Niter 3 parts salt of tartar 2 parts and sulphur one part mix them together by powdring them one dram of this powder will make a report like a musquet⁴

Compilers of other collections recorded information in recipe format on areas as diverse as ‘How to make a pond by puddling’ and ‘To know if a woman be with child’,⁵ as well as beauty preparations and tooth powder. Others included dietary recommendations in the same form, such as this ‘diett for a young child’:

Make common water gruell, and when you putt in the oatmeale putt in two ounces of raw eringo rootes minced fine and when tis half boyld cutt in half a nuttmegg, into a pinte of it and when tis boyld to a conveyent thickness, straine it through a hair sive, and when you give of it to the child, sweeten it with suger of pearle, which sugar of

³ CA/B50/3, 1776–77, CRO.

⁴ X949/1, pocket book of John Belling, clockmaker of Bodmin, 1737–51, CRO.

⁵ Wilberforce/291, WSRO; DD\X\FW/1, c.1751, SA.

parle must be made with gold and wett with red rose water; as your child grows in bigness you may putt a little greted bread into the groul.⁶

This aligns with the meaning of the term ‘recipe’ noted by Archer as a form for ‘the storage and processing of information’.⁷ Some ‘recipes’ are more aides-mémoire,⁸ such as ‘Balsam of Chilie to be had in Black Fryers near the Kings Printing house. Dr Salmons Prescriptions over the Door’,⁹ a ‘shorter receipt for the tooth ach’ – ‘If it be decayed, draw it out’¹⁰ – or this list of ‘Things bad for the sight’:

To study after meat, and wines, onions, leeks, lettice going after meat, winds, hot air, and cold air, drunkenness, and gluttony, much milk or cheese, looking on red or white things if bright, mustard, much sleep after meat, too much walking after meat, too much letting of blood, collworts, fire dust, much weeping, and over much watching.¹¹

As well as the meaning of the word ‘recipe/receipt’ being extended to a variety of topics, there are instances of what Carrie Griffin terms the ‘impulse to narrative’ in recipes.¹² The text type of the recipe, or its traditional, formal linguistic features and pattern,¹³ was played with as a form, as in the 18 rhyming lines of ‘A poetical receipt to make a sack posset’,¹⁴ which ends:

⁶ CR 1998/EB/47, Throckmorton Papers, 18th century, WCRO.

⁷ Archer, “‘Quintessence of Wit’”, p.127.

⁸ A term used by Withey, ‘Crossing the boundaries’, p.179; and by Pennell and DiMeo, ‘Introduction’, p.7, who employ it in a slightly different sense, to stress the need for the compiler to bring his or her own resources to the process of making up a ‘short-hand’ recipe.

⁹ MS 1322, c.1660–c.1750, WL.

¹⁰ MS 1795, WL.

¹¹ D5336/2/26/9, DRO.

¹² Carrie Griffin (2013) ‘Reconsidering the recipe: Materiality, narrative and text in later medieval instructional manuscripts and collections’, in Emma Cayley & Susan Powell (eds), *Manuscripts and Printed Books in Europe 1350–1550: Packaging, Presentation and Consumption*, Exeter: University of Exeter Press, 135–149.

¹³ Manfred Görlach (1992) ‘Text-types and language history: The cookery recipe’, in Matti Rissanen, Ossi Ihalainen, Terttu Nevalainen and Irma Taavitsainen (eds), *History of Englishes: New Methods and Interpretations in Historical Linguistics*, Berlin: Walter de Gruyter, 736–59, p.738.

¹⁴ MS 7976, WL.

When covered close together let them dwell
 Till Miss sings twice, you must not kiss & tell.
 Each Lad & Lass take up their murdring spoon
 And fall on feircly like a starvd Dragoon.

This is one way in which a recipe could ‘amuse, engage’ as well as ‘advise and inform’ its readers.¹⁵ The concept of a recipe itself was also employed as a metaphor, often to do with romance – although ‘A receipt for a person to make her husband love her’ and ‘How to cook a husband’, which bookend an early eighteenth-century collection,¹⁶ are considerably less sardonic than this ‘never failing receipt to cure love’, which utilises the imperative form and the introductory verb ‘take’ from which the word ‘recipe’ itself is derived¹⁷:

Take two ounces of the spirits of reason; three ounces of the powder of experience; five drams of juice of discretion; three ounces of the powder of good advice, and two spoonfulls of the cooling water of consideration; make it into pills and drink a little content after them: one dose cures the head of maggots and whimsies; then take another dose, and drink a little content and you will be restored to your right senses.¹⁸

Close examination of the contents of early modern recipe books thus reveals that defining the term ‘recipe’ is less than straightforward. One useful description is that proposed by Pennell and DiMeo: ‘a schema involving a rehearsal of actions as they are or should be carried out, concluding with serving suggestions and/or dosage’.¹⁹ Or as David Goldstein suggests:

¹⁵ Jayne Elisabeth Archer (2013) ‘The “Quintessence of Wit”: Poems and recipes in early modern women’s writing’, in DiMeo & Pennell, *Reading and Writing Recipe Books*, 114–34, p.128.

¹⁶ MS 1320, WL.

¹⁷ Stephen Mennell (1996) *All Manners of Food: Eating and Taste in England and France from the Middle Ages to the Present*, Urbana, IL: University of Illinois Press, p.67.

¹⁸ MS-Manus/509, 18th century, RCP.

¹⁹ Pennell & DiMeo, ‘Introduction’, p.6.

A recipe... teaches how to combine a multitude of physical ingredients through various processes into a new creation, which nevertheless maintains a complex relationship to its raw materials.²⁰

In terms of formal structure, Jerry Stannard typifies recipes as formulae with four essential parts: purpose, ingredients, procedure/equipment and application/administration.²¹ Similarly, Tony Hunt describes early medical receipts as having some or all of six components: rubric (the type of preparation or its conventional name), indication (the condition it is for), composition (ingredients), preparation, application and statement of efficacy (its value or occasions on which it has worked).²²

Some of the recipes in my research do fit into these forms, as well as featuring the reinforcing imperative that both Mennell and Cotter see as characteristic.²³ For instance, the Boyle family book contains this example:

For the gout, or any other pain or ack in the joints or limbs, good also to restore dead limbs [purpose]

Take [imperative] Oyle of Spikenard, Oyle of Turpentine and Oyle of Worms of Each half an Ounce [ingredients] and put them together in one Vial [equipment], then Rub the place affected very well with a Scarlet Cloth before the fire to dry and Cleanse the pores, then Shake your Oyles together in the Vial [procedure], and pour out some into a Spoon and therewith anoint the place before the fire [application].²⁴

Miss Temple recorded a cough remedy as follows:

²⁰ Goldstein, 'Recipes for authorship', p.89.

²¹ Jerry Stannard (1982) 'Rezeptliteratur as Fachliteratur', in W. Eamon (ed.), *Studies on Medieval 'Fachliteratur'*, Brussels: OMIREL, 59–73.

²² Tony Hunt (1990) *Popular Medicine in Thirteenth-Century England*, Martlesham: Boydell & Brewer, pp.17–23.

²³ Mennell, *All Manners of Food*, p.67; Colleen Cotter (1997) 'Claiming a piece of the pie: How the language of recipes defines community', in Anne Bower (ed.), *Recipes for Reading: Community Cookbooks, Stories, Histories*, Amherst, MA: University of Massachusetts Press, 51–70, pp.56–7.

²⁴ MS 1340, WL.

A balsam [rubric] for a cough [indication] given by young Mrs March which has done great cures [statement of efficacy]

Take [imperative] dragons blood the purest 21 drams dissolve it on a gentle heate with an ounce of chio turpentine add to it halfe an ounce of yallow beese wax & 4 ounces of oyle of sweet awmends {almonds}, straine it whilst it tis hott, then put to it one dram of balm of Gilead. [composition & preparation] you may take the bignesse of a nutmege every morning wrapt up in double refind sugar [application].²⁵

However, such a format is by no means universally applied. Analysis of a small sample of recipes from the beginning and end of the period covered by this research reveals no particular pattern in terms of Hunt's six-part structure (see Table 3.1). A tick indicates the inclusion of that component, a cross that it does not feature.

²⁵ MS MSL2, WL.

Table 3.1 Recipe components

			R	I	C	P	A	S
D2455/F2/2/3 ²⁶	1681–1731	Cold	✓	✓	✓	✓	✗	✗
		Blood	✗	✓	✓	✓	✓	✗
		Rabies	✗	✓	✓	✓	✓	✓
		Diet drink	✓	✓	✓	✓	✓	✗
U269/F29/1 ²⁷	1718–32	Gout	✗	✓	✓	✓	✓	✗
		Sore throat	✓	✓	✓	✓	✗	✗
		Cough	✗	✓	✓	✓	✓	✗
		Viper broth	✓	✗	✓	✓	✓	✗
D5430/50/5 ²⁸	1750s–1790s	Rabies	✗	✓	✓	✗	✓	✓
		Gout	✗	✓	✓	✓	✓	✓
		Sore throat	✗	✓	✓	✓	✓	✗
		Cough	✗	✓	✓	✓	✗	✗
PM2996 ²⁹	1780s	Embrocation	✓	✗	✓	✓	✗	✓
		Fomentation	✓	✓	✓	✓	✓	✓
		Itch	✗	✓	✓	✗	✓	✗
		Ague	✗	✓	✓	✓	✓	✗

R=rubric, I=indication, C=composition, P=preparation, A=application, S=statement of efficacy

Some recipes are much simpler, even minimalist, with no indication of procedure/preparation, application or efficacy:

A receipt for a cold

1 ounce of sirrip of tallue³⁰ 1 ounce of sirrup of red poppys 1 ounce of conserve of hips 1 ounce of conserve of red roses³¹

Others have no suggestion as to quantities, detailed method or frequency of administration:

²⁶ D2455/F2/2/3, Anne Wither Beach, GA.

²⁷ U269/F29/1, Pocket book of John, 1st Earl de la Warr, Sackville Manuscripts, KHS.

²⁸ D5430/50/5, Wright of Eyam Hall, DRO.

²⁹ PM 2996, Pym family of Bedfordshire, BLA.

³⁰ Syrup of Tolu; see Table 4.2.

³¹ CR 341/301, Mary Wise, 18th century, WCRO.

For a cough & shortness of breath wheezing & rheumatic distillation upon the lungs
Hyssop boiled with rue & water & honey & drank.³²

Mäkinen claims that the statement of efficacy in particular is ‘usually dispensable’ and that its omission does not alter the recipe’s ‘ultimate function’; his view is that its use declined over time.³³ It is what Stannard terms the ‘rationale’, why the ingredients should work for that particular disease, and he also views it as optional.³⁴ In fact, Alonso-Almeida, who suggests a format of title, ingredients, preparation, application, evaluation/efficacy, storage, expiry date and virtues, claims that all of these except the ingredients are discretionary.³⁵

In the vast majority of eighteenth-century recipes the ingredients are not listed first or separately, but noted as they occur in the body of the recipe. This can lead to situations where the compiler almost has to ‘double back’ on him- or herself to mention a component or step that should have been dealt with earlier.³⁶ For instance, a recipe for plantain water reads:

Take plantains in the end of May and chop them small then take a good quantity of rock alum beat very small, *mingle it with the plantain when it is half chopped and chop them both together*, then put it in your still and distil it with a stiff fire; the more it be of the alum the better.³⁷

Another for a diet drink says:

³² MS 3656, Receipts copied from Miss Myddelton’s Book, August 15th, 1785, WL. There is no indication who Miss Myddelton was or who the volume belonged to.

³³ Martti Mäkinen (2011) ‘Efficacy phrases in early modern English medical recipes’, in Irma Taavitsainen & Päivi Pahta (eds), *Medical Writing in Early Modern England*, Cambridge: Cambridge University Press, 158–78, pp.158, 168.

³⁴ Stannard, ‘Rezeptliteratur’, p.62.

³⁵ Alonso-Almeida, ‘Genre conventions’, p.71.

³⁶ Sara Pennell (personal communication) notes this may relate to writing down a recipe related orally, if the donor describes the steps in the process as he or she recalls them.

³⁷ R 47460/615/R 24, c.1705, BJL. Emphasis added.

Make 6 or 7 gallons of good ale of a middle sort & putt to it when tun'd & has don working juice of scurvey-grass a quart & ½: brooklime & watercress the juice of each a pint & ½: Twelf sower oranges cutt in quarters: Hors-raddish scrap'd 5 or 6 ounces. *First boyle in your wort an hour* a pound & ½ of pointed dock-roots.³⁸

Elizabeth Tebeaux comments that even printed recipe books did not always offer precise quantities or detailed instructions, since they assumed their readers had sufficient knowledge of the required methods.³⁹ By the nineteenth century, in contrast, Mennell notes an increasing trend to greater specificity in printed cookery recipes,⁴⁰ and Hieatt and Butler comment that this is because much was previously left to the knowledge of the cook.⁴¹ The nineteenth-century stress on 'domestic science' rather than 'domestic art' and schematic precision in ingredients and methods meant there was a greater likelihood of a dish being successfully reproduced, rather than the cook having to rely on their own skill or judgement.⁴² Similarly, transcriptions in recipe manuscripts of physicians' prescriptions show that these were usually more precise regarding the weights of materia medica to be used, intended for manufacture by an apothecary and not leaving anything to interpretation.

³⁸ Add MS 28956, Ellis family, 17th–18th centuries, BL. Emphasis added. Cotter ('Claiming a piece of the pie', p.62) views such breaches of 'proper order' as something that 'undermines the well-formedness of the narrative'; while that may be true, her analysis relates more to printed and later recipes.

³⁹ Elizabeth Tebeaux (1997) 'Women and technical writing, 1475–1700: Technology, literacy, and development of a genre', in Hunter & Hutton, *Women, Science and Medicine*, 29–62, p.37.

⁴⁰ Mennell, *All Manners of Food*, p.67.

⁴¹ Constance B. Hieatt and Sharon Butler (eds) (1985) *Curry on Inglysch: English Culinary Manuscripts of the Fourteenth Century*, Oxford: Oxford University Press, p.8, quoted in Manfred Görlach (2004) *Text Types and the History of English*, New York: Mouton de Gruyter, p.131.

⁴² Caroline Lieffers (2012) "'The present time is eminently scientific': The science of cookery in nineteenth-century Britain", *Journal of Social History*, 45(4):936–59, p.939.

Categorising recipes

What conditions are represented in these manuscript recipe collections? For the purposes of analysis and comparison, I have opted to use the categories developed by Stobart in her PhD thesis. She constructed this schema after considering alternatives such as those by Leong, Smith and Stine. The resulting set of categories was the best fit with the conditions mentioned in the mainly humoural medicine in the recipe books she examined, which still applies in the eighteenth century.⁴³ This categorisation is shown in Table 3.2, modified from Stobart's original table as I have not needed to use abbreviations in my analysis, I prefer to use the term 'condition' rather than 'ailment', and I have changed the example conditions slightly to fit those found in my research. In my analysis I have counted a recipe twice if it specifies two conditions, such as gravel and the stone, and three times if it specifies three conditions, such as burns, scalds and sores. Those designed as cure-alls, like the 'recipe for everything' or the 'balsamum polychrestum', have been classed as miscellaneous.

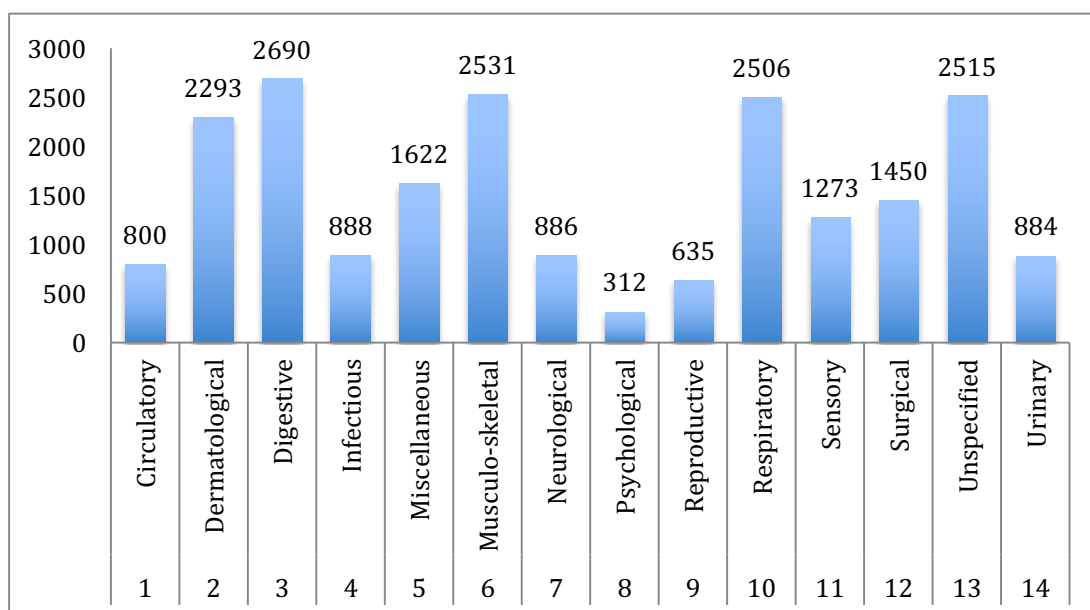
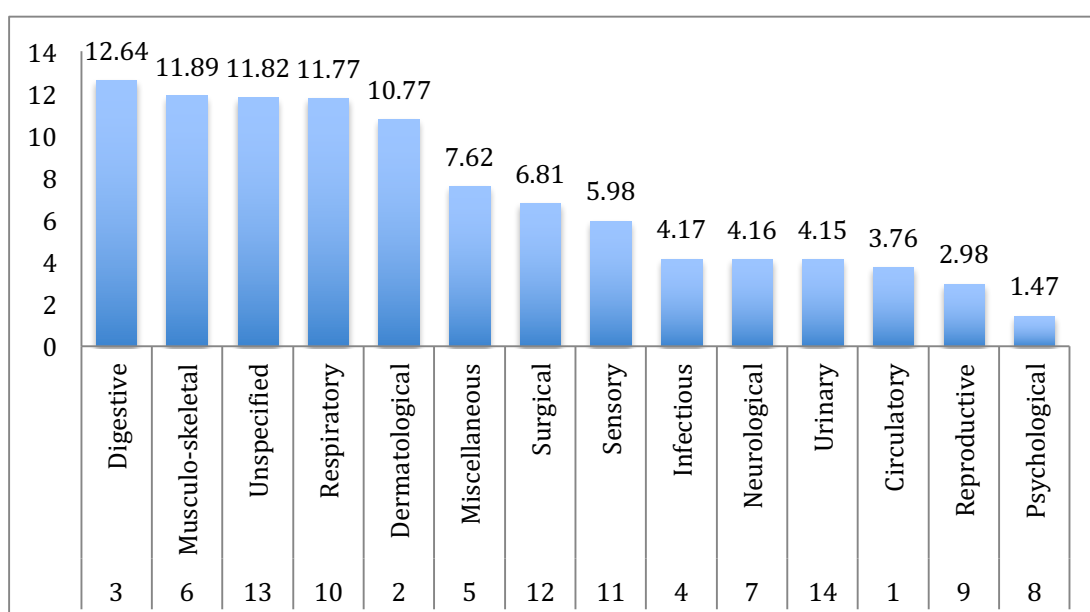
⁴³ Stobart, 'Making of domestic medicine', Appendix 2.2. See also Leong, 'Medical recipe collections', Table 1.7; and Smith, 'Women's health care', p.65, which builds on Stine, 'Opening closets,' p.27.

Table 3.2 Categories used for recipe analysis

Category	Conditions
1 Circulatory	Heart, dropsy, jaundice, blood complaints, green sickness
2 Dermatological	Boils, corns, felons, cankers, chilblains, imposthumes, swellings, cancer, ⁴⁴ the itch, King's Evil, scurvy, thrush
3 Digestive	Mouth and teeth, stomach, spleen, colic, surfeit, worms, flux, wind, biliousness, liver, lack of appetite
4 Infectious	Fever, whooping cough, plague, smallpox, measles, venereal disease
5 Miscellaneous	Prophylactics, purges, humours, anti-poison, tonics, hydrophobia
6 Musculo-skeletal	Ache, pain, sprains, back problems, ague, gout, rheumatism, rickets, sciatica, cramp, stitch
7 Neurological	Headache, convulsions, fits, epilepsy, palsy, giddiness, apoplexy
8 Psychological	Hysteria, melancholy, nerves, vapours, sleeplessness, low spirits
9 Reproductive	Breasts, uterine, pregnancy, childbirth, menstruation
10 Respiratory	Coughs, colds, sore throats, consumption, asthma, shortness of breath, spitting blood, pleurisy, quinsy
11 Sensory	Eyes, ears
12 Surgical	Burns, wounds, bruises, bleeding, sores, ulcers, piles, fistulas
13 Unspecified	Unspecified or no conditions indicated – waters, salves, ointments, cordials
14 Urinary	Stone, gravel, urinary problems, kidney problems, the whites

Figure 3.1 shows the number of recipes falling under each category, and Figure 3.2 ranks these in percentage order.

⁴⁴ The definition of cancer was (perhaps necessarily) broader than our current conception and the term was often applied to any kind of hard swelling. King, *Medical World*, p.38. Cancer in the breast was most feared and was the first condition assumed when a lump was discovered or pain was present; Marjo Kaartinen (2013) *Breast Cancer in the Eighteenth Century*, London: Pickering & Chatto, p.ix.

Figure 3.1 Number of recipes in each category**Figure 3.2 No. of conditions in each category in rank order, as a percentage of total no. of recipes**

The recipes most often collected were for digestive problems – surfeit, wind, biliousness and costiveness, as well as the dreaded bloody flux (dysentery) and diarrhoea; and for respiratory issues – coughs, consumption, colds, sore throat and asthma. Part of the reason for the attention to digestion lay in humoural theory and its focus on evacuation, but for the wealthy the Georgian diet was a contributory factor, with its emphasis on meat and pastry and a relative lack of fruit and vegetables. Furthermore, constipation is a side effect of opiate use, which was widespread in the absence of alternative pain relief.⁴⁵ Coughs, colds and sore throats were frequent conditions from which almost everybody would suffer at some point and which leant themselves readily to self-dosing (see the discussion of related remedies in Chapter 4), although the stress on this category also reflects the fact that even relatively minor respiratory complaints were more serious given there was no effective means of treating them.

Other common illnesses are also well represented. Chronic conditions at the time included scurvy (297 recipes), rickets (171), rheumatism (339) and kidney or bladder stones (393), as well as intestinal parasites such as worms (381).⁴⁶ Gout (471 recipes), an inflammatory arthritis that could be brought on by too much rich food and alcohol, was a widespread problem and was extremely debilitating.⁴⁷ Severe diarrhoea (267 recipes) could kill, particularly in infants.⁴⁸ Eye strain from bad light

⁴⁵ Porter and Porter, *In Sickness and in Health*, pp.50–51. As well as numerous recipes for liquid laudanum and other opiate preparations, there are remedies ‘To give to any one who has taken too large a dose of laudanum’ (MS 2363, WL) and ‘An antidote to laudanum’ (MS 7875, WL), which indicate occasional excessive use.

⁴⁶ Webster, *Caring for Health*, p.21; Williams, *Age of Agony*, p.61.

⁴⁷ Recipes for gout are considered in detail in Chapter 4.

⁴⁸ Porter and Porter, *Patient’s Progress*, p.6.

and as the result of smallpox was a frequent complaint, present in 761 remedies, the second highest individual condition after coughs.⁴⁹

One condition that is not well represented is influenza (6 recipes), epidemics of which often occurred, particularly in crowded places, although the disease was seen as an effect of ‘the “influence” of the stars or of the heavens’, hence the name.⁵⁰ The recipe examples are all late eighteenth century, so perhaps the specific name was slow to percolate to the domestic arena and in fact the symptoms are addressed by other remedies; I could not find influenza mentioned in Stine, Leong or Stobart’s studies of earlier periods.

The ‘fashionable’ eighteenth-century diseases of hysteria, melancholy and ‘the vapours’ (discussed in Chapter 4) are responsible for less than 1% of recipes overall. There are a number of potential reasons: these conditions may have been seen as amenable only to professional help; their incidence may have been more down to the encouragement of physicians than real-life experience; or recipes exist dealing with the symptoms rather than the name given to the overall complaint, for example digestive disorders, which Mark Micale notes as a feature of what was termed melancholy.⁵¹ It may also be the case that modern historians focus on such conditions to a degree that is not reflective of their true status at the time.⁵²

There are relatively few recipes for reproductive-related complaints, and half of those that exist are for sore breasts (289 recipes). Doreen Nagy claims that the

⁴⁹ Porter & Porter, *In Sickness and in Health*, p.55.

⁵⁰ Margaret DeLacy (1993) ‘The conceptualization of influenza in eighteenth-century Britain: Specificity and contagion’, *Bulletin of the History of Medicine*, 67:74–118, p.76.

⁵¹ Mark S. Micale (2008) *Hysterical Men: The Hidden History of Male Nervous Illness*, Cambridge, MA: Harvard University Press, p.13.

⁵² These conditions tend to be differently diagnosed according to the sex of the sufferer, an aspect that will be considered further in Chapter 4.

lack of remedies for women's complaints was because much of that knowledge came from midwives and was transmitted orally.⁵³ Some of the recipes in my research are indeed noted as coming from women who were midwives, such as one 'For bringing of a miscarriage when there is no hopes to prevent it' attributed to 'Mrs Jackman midwife'⁵⁴ and 'A powder to procure rest in childbed' from 'Mrs Badeley a midwife'.⁵⁵ Domestic expertise in dealing with childbirth-related difficulties might be expected to have declined with the rise of the man-midwife, although Sarah Fox's research into the experience of childbirth has revealed continual female involvement in and control over other women's pregnancies and childbirth, regardless of the gender of any practitioner employed.⁵⁶ Jennifer Evans notes that self-help in infertility treatment in the sixteenth and seventeenth centuries was important because of women's feelings of shame and the unwillingness to be exposed to the male gaze of the physician.⁵⁷ The relatively low proportion of recipes in the eighteenth-century collections may be an indication that such reticence was giving way to an acceptance of the need for professional medical assistance. For instance, Sophia Noel Curzon (1758–82) wrote to her aunt Mary Noel on 1 January 1782:

⁵³ Doreen Evenden Nagy (1988) *Popular Medicine in Seventeenth-Century England*, Bowling Green, OH: Bowling Green State University Popular Press, p.69; also noted by Smith, 'Women's health care', p.70, recording a low proportion of such recipes in her own research.

⁵⁴ MS 981, Arscott family, Arscott, Devon, c.1725–86, WL.

⁵⁵ MS 7851, WL.

⁵⁶ Sarah Fox (2013) "'I do most sincerely wish your Dear Madam a Happy Minute': The experience of childbirth in the long eighteenth century", *Life Cycles Seminar*, London: Institute for Historical Research, 22 November.

⁵⁷ Jennifer Evans (2013) "'Civet, Ambergreese, Musk, maketh Women apt to Conception": Diagnosing and treating female barrenness with aromatics in early modern England', *Women's Studies Group*, London: Institute for English Studies, 30 November. In contrast, she notes that miscarriage was more widely and openly discussed – Jennifer Evans & Sara Read (2015) "'Before midnight she had miscarried": Women, men and miscarriage in early modern England', *Journal of Family History*, 40(1):3–23, p.6.

Ford [Dr James Ford (1718–95), a fashionable gynaecologist] thought it proper to propose making *a certain enquirie* whether I was with Child or not. As I *apprehended* it to be absolutely necessary I consented to the *very disagreeable* operation. I consider'd that through modesty I was not to give up my life.⁵⁸

Assistance might also have been welcomed for venereal disease in the form of gonorrhoea and syphilis, a problem with a dangerous treatment, the application of mercury, for which there are only 29 remedies in the manuscripts. The majority of those are 'for the running of the reins' rather than the 'French pox' or the Latin term 'pro morbo gallico', indicating a certain reticence among recipe book writers as well as an ambiguity in application.⁵⁹

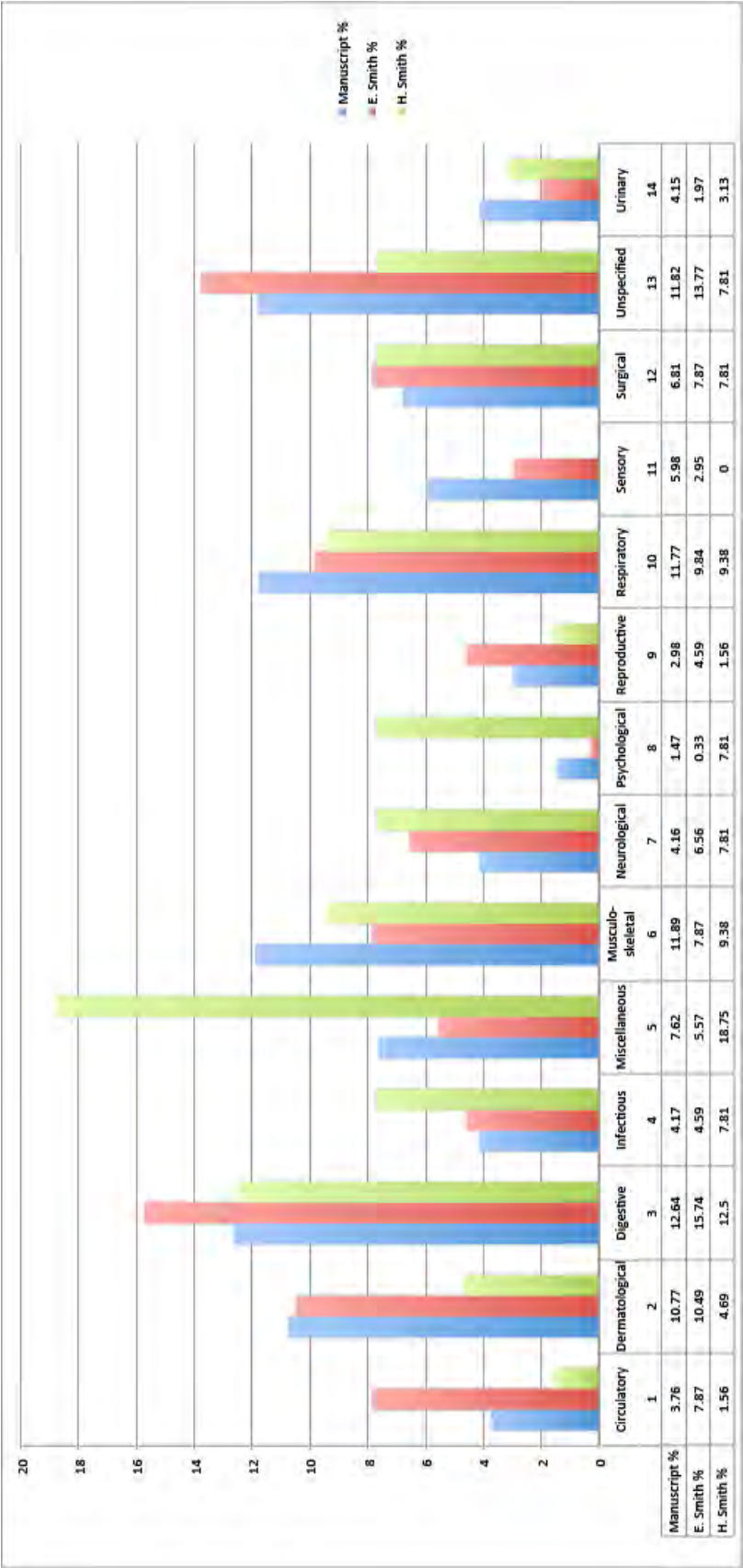
These two categories, psychological and reproductive, are particularly interesting when compared to remedies available in two different printed volumes, E. Smith's *Compleat Housewife* (first published 1727) and Hugh Smith's *Family Physician* (first published 1760).⁶⁰ Figure 3.3 compares the percentages of recipes in each category from the manuscript recipes as a whole and these two sources.

⁵⁸ Malcolm Elwin (1967) *The Noels and the Milbankes: Their Letters for Twenty-Five Years 1767–1792*, London: Macdonald, p.187.

⁵⁹ Smith ('Women's health care', p.72 fn114) notes that 'running of the reins' can apply to 'any uncontrolled whitish leakage from the genital/urinary area', but that it frequently implied a venereal disease.

⁶⁰ E. S[mith] (1728) *The Compleat Housewife: Or, Accomplished Gentlewoman's Companion* (2nd edn), London: J. Pemberton; Hugh Smith (1761) *The Family Physician: Being a Collection of Useful Family Remedies* (3rd edn), London: n.p. These are the earliest editions I could find in each case.

Figure 3.3 No. of conditions in each category: Manuscripts and print sources compared



While the earlier printed volume includes only one recipe related to psychological conditions (a hysterical water), the later printed volume contains a noticeably higher percentage. Half of these recipes are for ‘lowness of spirits’, indicating that Smith, an apothecary, was capitalising on the vogue for being melancholic. Customer demand may also be responsible for the high number of ‘miscellaneous’ recipes in his book, most of which were for purges. The later book has no remedies for eye problems, the second highest individual condition in the manuscripts; there are also far fewer in this category in E. Smith’s book. Perhaps she considered one of each kind of application to be sufficient: there is an eye salve, an eye water and preparations for red or sore eyes, sore or weak eyes and to clear the eyes.⁶¹

There is a spike in the circulatory category in the earlier book, mainly recipes for dropsy and jaundice, although the reason is unclear. What is also interesting is the higher percentage of reproductive-related remedies in this volume, of which as has been noted there was a lack in the manuscripts. While half of the manuscript recipes were for sore breasts, there was only one remedy for this in E. Smith’s volume, the rest being for pregnancy or menstruation: how to ‘breed’ or conceive in the first place, then preventing a miscarriage, dealing with labour, delivering the after-birth and handling after-pains. There are remedies for increasing the milk of a nurse, as well as for flooding (heavy menstrual flow). A recipe ‘To procure the Menses’ may be a coded abortifacient as it contains pennyroyal, which has such an effect, although Evans argues that cleansing the womb might have been done for the

⁶¹ Eye remedies are discussed in depth in Stine, ‘Opening closets’, p.165–8.

opposite purpose, to ready it for conception.⁶² What is evident is that this author thought the female audience she was addressing would require information to assist them with pregnancy and childbirth, thus reinforcing the earlier suggestion that they were less likely to be receiving it from women friends or midwives.

Consideration of the main causes of death at the time also makes a fruitful comparison with the contents of the recipe books. Table 3.3 tabulates the major causes of death in London at four points in the century and the number of individual recipes for each,⁶³ whereas Table 3.4 fits these causes into the categories used for the recipe analysis and compares the percentages for the four sample years combined (with the exception of deaths from old age or stillbirths,⁶⁴ casualties and the vague description of inflammation).

⁶² Evans, *Aphrodisiacs*, pp.169–70, 173–4.

⁶³ There are problems with using Bills of Mortality as a source – lack of consistency in recording, lay diagnosis of cause, vague categories such as ‘Aged’, changes in categorisation from year to year; see J. Landers (1993) *Death and the Metropolis: Studies in the Demographic History of London 1670–1830*, Cambridge: Cambridge University Press, p.91 – but they do enable comparison with the terms for illnesses used in the recipe books.

⁶⁴ The latter for the reason given in the footnotes.

Table 3.3 Causes of death in London at four points in the eighteenth century and their presence in manuscript recipe collections

Cause of death	1735 n=23,548	1755 n=21,917	1775 n=20,524	1795 n=20,870	Manuscript recipes
Convulsions	7572 (32.16%)	5741 (26.19%)	5177 (25.22%)	4758 (22.8%)	259 (1.35%)
Consumption	4064 (17.26%)	4322 (19.72%)	4452 (21.69%)	5733 (27.47%)	637 ⁶⁵ (3.33%)
Fevers ⁶⁶	2544 (10.8%)	3042 (13.88%)	2244 (10.93%)	1947 (9.33%)	929 ⁶⁷ (4.86%)
Aged	1595 (6.77%)	1662 (7.58%)	1297 (6.32%)	1637 (7.84%)	–
Smallpox	1594 (6.8%)	1988 (9.07%)	2669 (13%)	1040 (4.98%)	122 (0.64%)
Teeth	1342 (5.7%)	813 (3.71%)	694 (3.38%)	495 (2.37%)	228 ⁶⁸ (1.19%)
Dropsy	1050 (4.46%)	919 (4.19%)	865 (4.21%)	979 (4.69%)	359 (1.88%)
Abortive & stillborn	590 (2.51%)	565 (2.58%)	592 (2.88%)	738 (3.54%)	– ⁶⁹
Asthma & tussick/phthisic	477 (2.06%)	359 (1.64%)	286 (1.39%)	936 (4.48%)	128 (0.67%)
Cholick ⁷⁰	317 (1.35%)	81 (0.37%)	70 (0.34%)	8 (0.04%)	399 (2.09%)
Measles	10 (0.04%)	423 (1.93%)	283 (1.38%)	328 (1.57%)	30 (0.16%)
Inflammation ⁷¹	22 (0.09%)	57 (0.26%)	114 (0.56%)	466 (2.23%)	36 (0.12%)
Casualties	445 (1.89%)	391 (1.78%)	250 (1.22%)	245 (1.17%)	–

Source: Annual Bills of Mortality, *Gentleman's Magazine*, December 1735, December 1755, December 1775 and December 1795, <http://babel.hathitrust.org>, accessed 24 January 2015.

⁶⁵ Not including recipes for scrofula or the King's evil, an infection of the lymph nodes caused by tuberculosis; <https://www.rcplondon.ac.uk/update/kings-evil>, accessed 24 January 2015.

⁶⁶ 'Fevers and Purples' in 1735; 'Fever, malignant Fever, Scarlet Fever, Spotted Fever, and Purples' in remaining years.

⁶⁷ 281 for unspecified fevers and 648 recipes for the ague, or malarial fever.

⁶⁸ The recipes are for conditions other than the dental abscesses that were probably the main cause of death from dental problems, although this category may also have included infection or food poisoning of infants when being weaned; J.H. Clarke (1999) 'Toothaches and death', *Journal of the History of Dentistry*, 47(1):11–13.

⁶⁹ The mention of 'stillborn' indicates this refers to dead babies rather than their mothers. There are 13 recipes in the manuscripts for delivering a dead child and 76 for preventing miscarriage, one of which terms it 'To prevent abortion' (MS 1829, c.1776–c.1825, WL), and 1 'For bringing of a miscarriage when there is no hopes to prevent it' (MS 981, WL).

⁷⁰ 'Cholick Gripes and Twisting of the Guts'.

⁷¹ A symptom rather than a cause, representing the response of tissue to injury or infection. This could include appendicitis, or 'inflammation of the bowels', and pneumonia, or 'inflammation of the lungs'. *English Glossary of Causes of Death and other Archaic Medical Terms*, <http://www.antiquusmorbus.com/English/EnglishI.htm>, accessed 25 January 2015.

Table 3.4 Causes of death and recipes by category

Category	Causes of death (%)	Recipes (%)
1 Circulatory	4.39 (dropsy)	3.76
2 Dermatological	–	10.77
3 Digestive	4.4 (teeth, cholic)	12.64
4 Infectious	20.85 (fevers, smallpox, measles)	4.17
5 Miscellaneous	–	7.62
6 Musculo-skeletal	–	11.89
7 Neurological	26.77 (convulsions)	4.16
8 Psychological	–	1.47
9 Reproductive	–	2.98
10 Respiratory	23.75 (consumption, asthma)	11.77
11 Sensory	–	5.98
12 Surgical	–	6.81
13 Unspecified	–	11.82
14 Urinary	–	4.15

Source: Causes of death from Annual Bills of Mortality, *Gentleman's Magazine*, December 1735, December 1755, December 1775 and December 1795, <http://babel.hathitrust.org>, accessed 24 January 2015.

It can be seen from Table 3.3 that convulsions and consumption between them represented 45–50% of deaths in each year, with fevers of various kinds and smallpox also significant; these are the main three categories for causes of death in Table 3.4. Convulsions are febrile seizures, which are relatively common among children in particular.⁷² It is possible that some of the deaths recorded as such were some form of epilepsy, a potential complication, or that they were meningitis, of which seizures are a symptom. The 259 recipes for this individual condition indicate concern over its occurrence, although the recipes were often multi-purpose with conditions such as giddiness, hysteria and even rickets, indicating perhaps an issue with domestic diagnosis. Consumption was the contemporary term for pulmonary tuberculosis, a contagious bacterial infection,⁷³ so its incidence would have been

⁷² <http://www.nhs.uk/conditions/Febrile-convulsions/Pages/Introduction.aspx>, accessed 24 January 2015.

⁷³ Its mapping onto the later diagnosis was not straightforward, however; see Romola Davenport, Jeremy Boulton & Leonard Schwartz (n.d.) 'Infant and young adult mortality in London's West End, 1750–1824', Cambridge Group for the History of Population and Social

higher in crowded conditions in London than in the rest of the country. It was of widespread concern and comes fifth in the list of individual recipes, although it became something of a ‘fashionable’ and romanticised disease in which the ‘wan and pallid faces of the victims... were thought to be attractive’.⁷⁴

‘Fevers’ is a catch-all description for a number of epidemic infections and is well represented among the manuscript recipes, particularly once those for the ague are included.⁷⁵ One study records epidemical bouts of fever occurring throughout the eighteenth century, including typhus, ‘relapsing’ and ‘putrid’ fevers.⁷⁶ Smallpox was particularly serious before the protective effect of inoculation and then vaccination. It was fatal in 10–20% of cases, particularly among children⁷⁷; it also led to ‘pockmarked’ faces, which a small proportion of the manuscript recipes are designed to soothe. The occurrence of measles and scarlatina (or scarlet fever) also became more prominent at various points (measles comes into the ‘top 10’ of causes of death in three out of four years in Table 3.3) and the latter took over from smallpox in the nineteenth century as the ‘greatest scourge of childhood’.⁷⁸ There are only 30 recipes specifically for measles in the recipe manuscripts, although it is mentioned in

Structure, pp. 28–29. <http://www.geog.cam.ac.uk/people/davenport/davenport2.pdf>, accessed 26 June 2015.

⁷⁴ Thomas M. Daniel (2006) ‘The history of tuberculosis’, *Respiratory Medicine*, 100:1862–70, p.1864.

⁷⁵ The history of fever and various explanations for it are addressed in Christopher Hamlin (2014) *More Than Hot: A Short History of Fever*, Baltimore, MD: JHU Press.

⁷⁶ Charles Creighton (1894) *A History of Epidemics in Britain, Vol. II*, Cambridge: The University Press, p.ix.

⁷⁷ S.R. Duncan, Susan Scott & C.J. Duncan (1993) ‘The dynamics of smallpox epidemics in Britain, 1550–1800’, *Demography*, 30:405–23, pp.405–6; Creighton, *History of Epidemics*, p.518.

⁷⁸ Creighton, *History of Epidemics*, p.vii.

conjunction with smallpox and other ‘pestilential fevers’, so it may be that those remedies were used here.

In general, however, the recipes reveal a wider range of concerns than fatal diseases alone, in particular dermatological conditions such as the itch, scurvy and thrush; a wide range of digestive disorders; musculo-skeletal problems ranging from everyday aches and pains to rheumatism and sciatica; and the coughs and colds that constitute the other part of the respiratory category. This is to be expected, as domestic medicine, while not shying away from recipes to treat serious ailments such as cancer or consumption, would have been especially applicable to chronic conditions, rather in the same way as we might treat a headache with Ibuprofen, thrush with Canesten, muscle ache with Ralgex or a cold with Lemsip, all readily available over-the-counter remedies.⁷⁹

In contrast, potentially fatal in the absence of effective medical assistance were the effects of falls, gunshots and accidents⁸⁰; these are covered in the ‘Casualties’ category in the Bills of Mortality, which Table 3.5 breaks down into specific causes of death. The lack of remedies for most of these is unsurprising, although the number of recipes to treat hydrophobia is out of proportion to the number of fatalities; a sign of the panic around ‘mad dogs’ that will be discussed in Chapter 4. There were also numerous recipes for problems that might be addressed

⁷⁹ Leong reaches similar conclusions in her comparison of seventeenth-century medical recipes from both manuscript and printed collections with Webster’s analysis of Bills of Mortality data, and likens recipe compilations to ‘a modern household first aid box’ and household medicine as the ‘first port of call... before consulting a commercial medical practitioner’; ‘Medical recipe collections’, pp.96–7.

⁸⁰ Porter & Porter, *In Sickness and in Health*, p.4.

by ‘first aid’, such as burns, scalds – including those ‘by gunpowder or light[n]ing’⁸¹ – and wounds, with a differentiation between ‘green’ and old wounds and remedies for removing dead flesh.⁸² (Given that some of the recipes are difficult to date, the frequency of those for wound salves and gunpowder burns may relate to the seventeenth-century context of the Civil War.) Most of those for broken bones were to soothe the pain and discomfort, although some were more ambitious, such as ‘A plaster to draw out a broken bone in any part of a mans body’⁸³ another ‘To cure crackt or broken bones’,⁸⁴ and even one ‘To make flesh grow on bare bones’.⁸⁵ The range of recipes reflects Seth Stein LeJacq’s assertion that domestic medicine was ‘a potent counterpart to the work of practitioners’ and an alternative rather than merely a precursor to treatment by a physician or surgeon, particularly if the sufferer did not want to ‘go under the knife’; although, as he suggests, in this category these recipes may be more ‘expressions of desire’ about what a domestic practitioner could do than evidence of actual practice.⁸⁶

⁸¹ Add MS 49373, BL. This, in common with most remedies for burns, is an amalgam of emollient ingredients, in this case deer suet, butter and salad oil, used as a plaster.

⁸² For example DD\X\FW/1, SA; MS 3685, Anne Nevile, mid-18th century, WL; MS 2767, Elizabeth Jennens Hanmer and others, c.1750–c.1825, WL. The Jennens family tree is somewhat confused, but I think the archive attribution of this latter volume to Esther Jennens Hanmer is incorrect – Elizabeth Jennens (d.1777) married her first cousin William Hanmer of Fennes Hall, Flint in 1726, so she was probably the E.H. in the recipe book, and it was his mother who was Esther Jennens Hanmer; Kentucky Historical Society (1904) ‘The Jennings estate: Romantic pursuit of a fortune since 1798’, *Register of Kentucky State Historical Society*, 2(6):61–71. Mention of a ‘Grandmama Pigott’ reinforces this interpretation, as Elizabeth Jennens’ grandmother was Mary Pigot, who married Sir Robert Burdett; <https://histfam.familysearch.org/getperson.php?personID=I179649&tree=Nixon>, accessed 11 March 2015. The recipe book then appears to have passed to Elizabeth and William’s daughter Esther (1738–64), who married Viscount Asheton Curzon.

⁸³ D5336/2/26/9, DRO.

⁸⁴ LM/1379/2–380, Losely Manuscripts, 16th–19th centuries, SHC.

⁸⁵ MS 1340, WL.

⁸⁶ Seth Stein LeJacq (2013) ‘The bounds of domestic healing: Medical recipes, storytelling and surgery in early modern England’, *Social History of Medicine*, 26(3):451–68, pp.451, 458.

Table 3.5 Fatal casualties in London at four points in the eighteenth century and the presence of relevant remedies in manuscript recipe collections

Cause of death	1735 <i>n</i> =445	1755 <i>n</i> =391	1775 <i>n</i> =250	1795 <i>n</i> =245	Manuscript recipes, <i>n</i> =19,134
Drowned ⁸⁷	99 (22.25%)	142 (36.32%)	104 (41.6%)	99 (40.41%)	1 (0.005%)
Overlaid	97 (21.8%)	33 (8.44%)	4 (1.6%)	–	–
Excessive drinking	69 ⁸⁸ (15.51%)	8 (2.05%)	2 (0.8%)	5 (2.04%)	1 (0.005%)
Kill'd by Falls and several other Accidents	54 (12.13%)	83 (21.23%)	64 (25.6%)	60 (24.49%)	28 ⁸⁹ (0.15%)
Killed themselves ⁹⁰	49 (11%)	47 (12.02%)	29 (11.6%)	26 (10.61%)	–
Executed	19 (4.27%)	10 (2.56%)	24 (9.6%)	6 (2.45%)	–
Found dead	19 (4.27%)	26 (6.65%)	2 (0.8%)	4 (1.63%)	–
Murder'd	15 (3.37%)	9 (2.3%)	3 (1.2%)	1 (0.41%)	–
Burnt	6 (1.35%)	15 (3.84%)	8 (3.2%)	15 (6.12%)	295 (1.54%)
Broken Limbs	4 (0.9%)	0	0	3 (1.22%)	13 (0.07%)
Starved	3 (0.67%)	5 (1.28%)	2 (0.8%)	–	–
Suffocated	–	–	4 (1.6%)	3 (1.22%)	–
Bit by mad Dog/Cat	–	2 (0.51%)	2 (0.8%)	1 (0.41%)	220 (1.15%)
Scalded	2 (0.45%)	1 (0.26%)	1 (0.4%)	5 (2.04%)	13 (0.07%)
Fractured skull	2 (0.45%)	–	0	4 (1.63%)	–

Source: Annual Bills of Mortality, *Gentleman's Magazine*, December 1735, December 1755, December 1775 and December 1795, <http://babel.hathitrust.org>, accessed 24 January 2015.

0 indicates no occurrences of that form of accident

– indicates that the category did not appear in that particular year

To summarise, the largest categories in my sample of manuscript collections were digestive complaints such as surfeit, biliousness, costiveness and diarrhoea, coupled

⁸⁷ The relatively high number of drownings reflects proximity to the river Thames.

⁸⁸ A vivid illustration of the eventual effectiveness of the two Gin Acts in 1736 and 1751, which taxed and regulated the sale of the spirit in order to deal with the effects of what has been termed a 'Gin Craze'; Peter Borsay (2007) 'Binge drinking and moral panics: Historical parallels?', *Policy Papers*, History & Policy, <http://www.historyandpolicy.org/policy-papers/papers/binge-drinking-and-moral-panics-historical-parallel>, accessed 24 January 2015.

⁸⁹ 17 for gunshots and 11 for falls, plus numerous others for unspecified poultices and liniments etc.

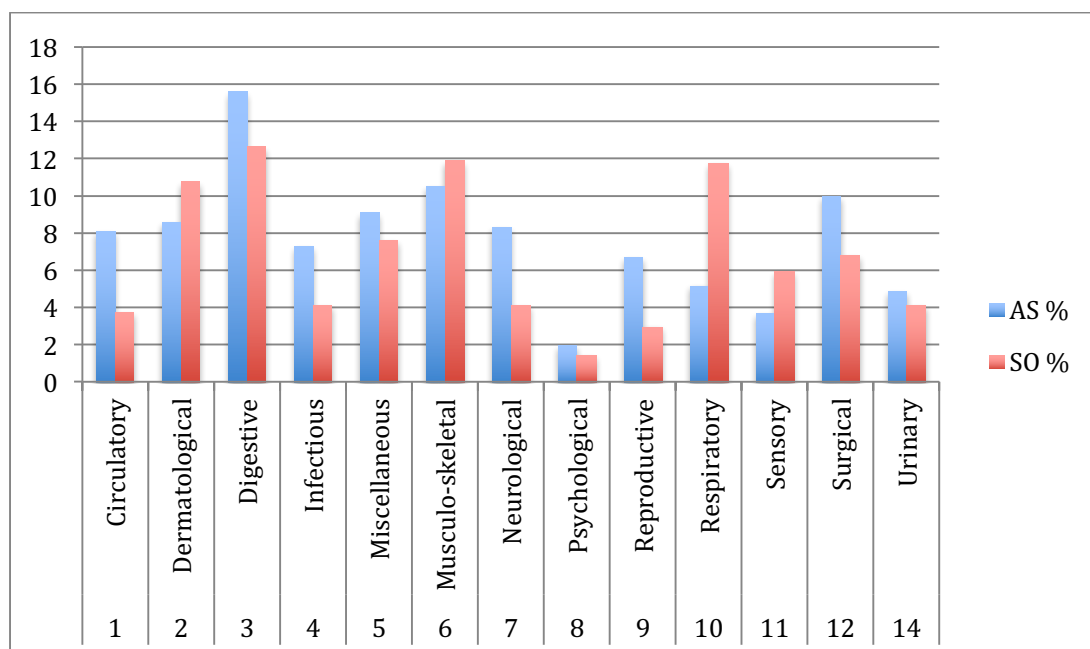
⁹⁰ Described as 'Made away themselves' in 1735, 'Self-Murder' in 1755 and 'Killed themselves' in the remaining two years.

with respiratory issues such as coughs, colds and sore throats, asthma and consumption. In the main these were everyday problems that would lend themselves well to simple home treatment. There was also an emphasis on chronic conditions such as scurvy, rheumatism, the stone and gout. Again, domestic medicine was particularly relevant to such long-term infirmities, especially if the patient wished to avoid continual attendance from a physician.

Comparisons with other research

How do the results from my research compare with other studies of manuscript medical recipes? Stobart's is the easiest sample to compare, since I have used her categories.⁹¹ She examined 2,204 recipes, 91% of which were medicinal, with the results shown in comparison to mine in Figure 3.4.

⁹¹ Stobart, 'Making of domestic medicine', p.48.

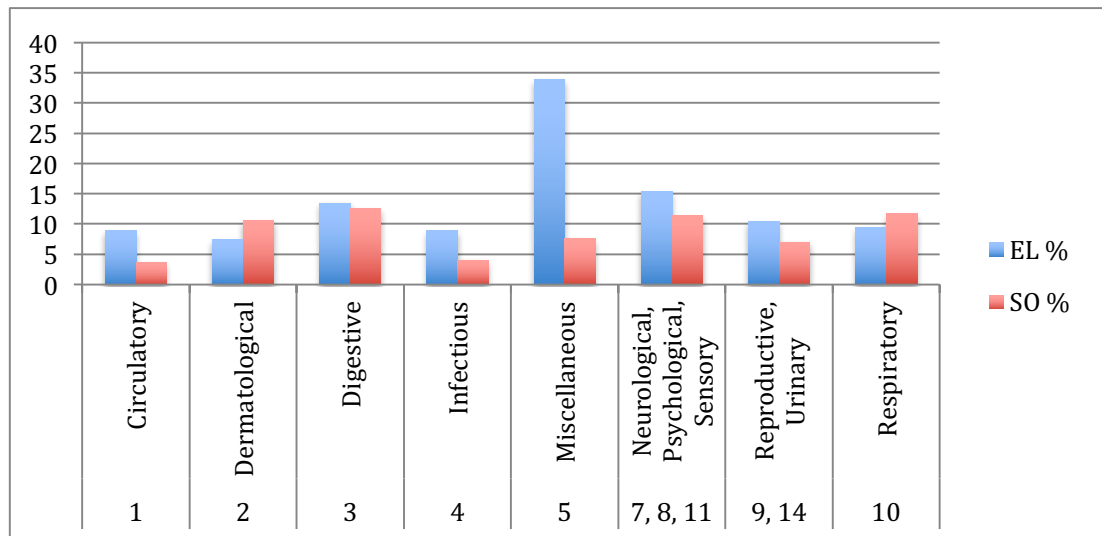
Figure 3.4 Comparison with results in Stobart's research

Stobart's late seventeenth-century examples demonstrate many more recipes in the circulatory, infectious, neurological and reproductive categories, as well as a notably lower figure in respiratory complaints, which may be due to the environment in the south-west of England where her study is located. The reproductive category illustrates the eighteenth-century decline in domestic remedies for such complaints discussed earlier in this chapter. The figure for psychological conditions is low in both studies. It is surprising, however, that the number of recipes in the dermatological category is higher in my research, given the focus of one of her collections on the King's Evil because family member Bridget Fortescue suffered from this condition.⁹² Stobart does not speculate further on the reasons for the number of recipes in each category.

⁹² *Ibid.*, p.210; Stobart, "Lett her refrain", pp.203–24.

Leong's study of 259 manuscript collections started between 1600 and 1700, each including more than 30 medical recipes, features detailed analysis of 5,806 manuscript medical recipes.⁹³ Her analysis uses the International Classification of Diseases categories issued in 1975,⁹⁴ so is not directly comparable to Stobart's schema. I have mapped one onto the other as far as possible to produce the comparison shown in Figure 3.5.⁹⁵

Figure 3.5 Comparison with results in Leong's research



Interestingly, there is a similar gap in the number of recipes in the circulatory category to that with Stobart's research. It may be that because blood complaints are

⁹³ Leong, 'Medical recipe collections', pp.22, 24, 87. She also investigated a number of printed recipe collections.

⁹⁴ *Ibid.*, p. 90.

⁹⁵ *Ibid.*, pp. 93–4, Table 1.7. Category 1, Circulatory, includes II-IV Neoplasm endocrine, nutrition, blood and VII Cardiovascular; Category 2, Dermatological, XII Skin; Category 3, Digestive, IX Digestive; Category 4, Infectious, I Fevers general, Plague, Smallpox/measles, STD; Category 5, Miscellaneous, XIII-XVII Residual and Infants and a 'General' grouping; Categories 7, Neurological/8 Psychological/11 Sensory, I Convulsions (also including 'teeth and worms'), V–VII Mental, nervous system, senses; Categories 9, Reproductive/14 Urinary, I Tuberculosis, VIII Respiratory, X–XI Genital, urinary, childbirth.

included here, this reflects a reduction in the later century in the number of recipes specifically for ‘sweetening the blood’ or other humourally influenced remedies, but that is impossible to ascertain from the information available in the other theses. The terminology may also have changed: restoring a humoral balance may have been the purpose of many recipes for what were later termed diet drinks, for instance. There is a noticeably higher number of recipes for infections, perhaps indicating the preoccupation with the plague in the seventeenth century and its decline in the eighteenth, but not such a marked difference in respiratory complaints. Leong’s analysis was based on a classification of diseases that did not encompass such problems as burns, wounds and bruises, so she incorporates these together with childhood illnesses in a ‘Residual’ category, thus making comparison with my findings in this area difficult. Leong concludes that the domestic healthcare indicated by the recipes in her collections addressed ‘simple ailments’⁹⁶ and suggests that recipes for more serious conditions might have been collected merely for their curiosity value or as the basis for the knowledge required to deal with professional practitioners.⁹⁷ I shall return to the latter notion for eighteenth-century manuscripts in Chapter 7.

Smith’s research covers more of the eighteenth century than either Leong’s or Stobart’s, focusing on female-owned bound manuscripts compiled between 1650 and 1775 in England and France.⁹⁸ Her detailed analysis of types of recipes focuses on five broad categories in four English recipe books: chest (colds, consumptions, lung and heart problems), stomach (including spleen, liver, dropsy, stomach problems,

⁹⁶ *Ibid.*, p.97.

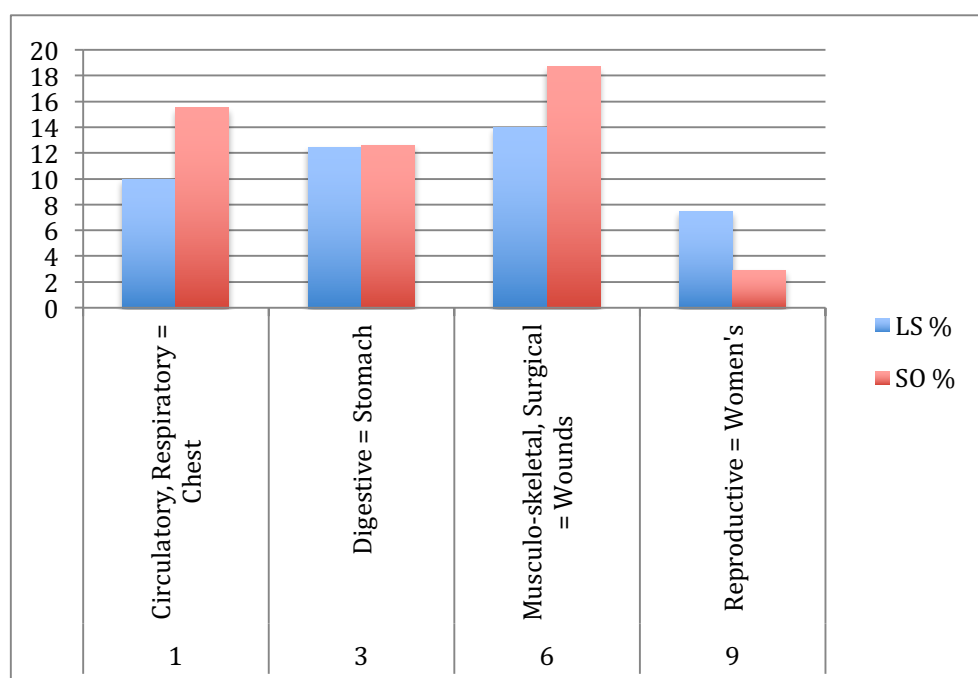
⁹⁷ *Ibid.*, p.113.

⁹⁸ Smith, ‘Women’s health care’, p.50.

surfeit and dysentery), wounds (in fact comprising injuries, wounds, sores, bruises, aches, inflammations, cancer, gout and rheumatism), women's (breasts, uterine, pregnancy, spirits) and polychrest remedies. With the exception of the latter, for which my miscellaneous category includes too many other kinds of remedies, a comparison with my results is shown in Figure 3.6, mapped as closely as possible.⁹⁹ The graph demonstrates equal attention to digestive problems; the other variations are not hugely significant and may be due to different individual complaints being included in the categorisation. The biggest gap is in the category of women's or reproductive conditions, which in Stobart's model incorporates breast and uterine disorders, pregnancy, childbirth and menstruation. However, Smith's discussion indicates that she potentially includes in addition venereal disease, coughing up blood, skin ailments, urinary incontinence and lung diseases, depending on the context.¹⁰⁰ That information, coupled with her smaller sample size, leads to difficulties in comparing the two sets of sources.

⁹⁹ Smith, 'Women's health care', p.66. Figures are estimated based on the graph in her thesis.

¹⁰⁰ Smith, 'Women's health care', pp. 71–72.

Figure 3.6 Comparison with results in Smith's research

Comparison across different regions

Not all the recipe collections in my research can be assessed in terms of their geographical origins, because so many are anonymous and many others have been divorced from any context. However, it is possible to analyse 130 recipe books containing 5425 individual recipes in terms of whether the type of remedy varies according to the location of their compilers. This is not something that has been attempted by other researchers; even those who consider particular areas in isolation, such as Withey for Wales and Stobart for south-west England,¹⁰¹ have not addressed whether there were any differences attributable to geography.

¹⁰¹ Withey, *Physick and the Family*; Stobart, 'Making of domestic medicine'.

Figure 3.6 illustrates the different percentages of recipes in each category by area, dividing England into four: North, Central, South-West and South-East. The North (albeit consisting only of East and West Yorkshire and Lancashire) shows the greatest variation from the other three areas, with higher percentages of circulatory complaints, infections, neurological and particularly psychological disorders, and a lower proportion of surgical and sensory-related conditions. However, as this is on the basis of only 372 recipes, this may reflect the preoccupations of particular families. The South-West (Cornwall, Gloucestershire, Herefordshire, Somerset and Wiltshire) has a much higher percentage of recipes related to reproduction than the other three, 4.37% representing 60 recipes. There are 15 recipes for breast conditions in one collection,¹⁰² which may be skewing the results, although this may also reflect rural isolation necessitating self-help in pregnancy-related conditions. The South-West and the South-East (the latter representing Bedfordshire, Buckinghamshire, East Sussex, Hampshire, Hertfordshire, Kent, Surrey and West Sussex) have higher percentages in the musculo-skeletal category (14.35% and 13.51%, respectively), which includes gout, potentially high-living Londoners seeking relief from the results of their excesses, as well as visitors taking the water in Bath or Bristol. The higher volumes of recipes for respiratory complaints in the South-East and Central areas (the latter consisting of Derbyshire, Lincolnshire, Norfolk, Northamptonshire, Nottinghamshire, Staffordshire, Suffolk and Warwickshire) may be related to environmental conditions in crowded industrial cities, particularly London, or climate, for example the marshland fens of East Anglia. Marshy land, where the air was damp and stagnant, was thought to be damaging to health, as the air could not be

¹⁰² DD\X\FW/1, SA.

purified by the wind.¹⁰³ One manuscript contains a recipe for ‘A preventive medicine for those that live in low marshy countries’.¹⁰⁴ Working outside, for instance in farming areas, led to a high incidence of bronchial complaints,¹⁰⁵ even though fresh air, particularly in the countryside, was favoured as a health-giving tonic among those who did not have to be out in all weathers.¹⁰⁶

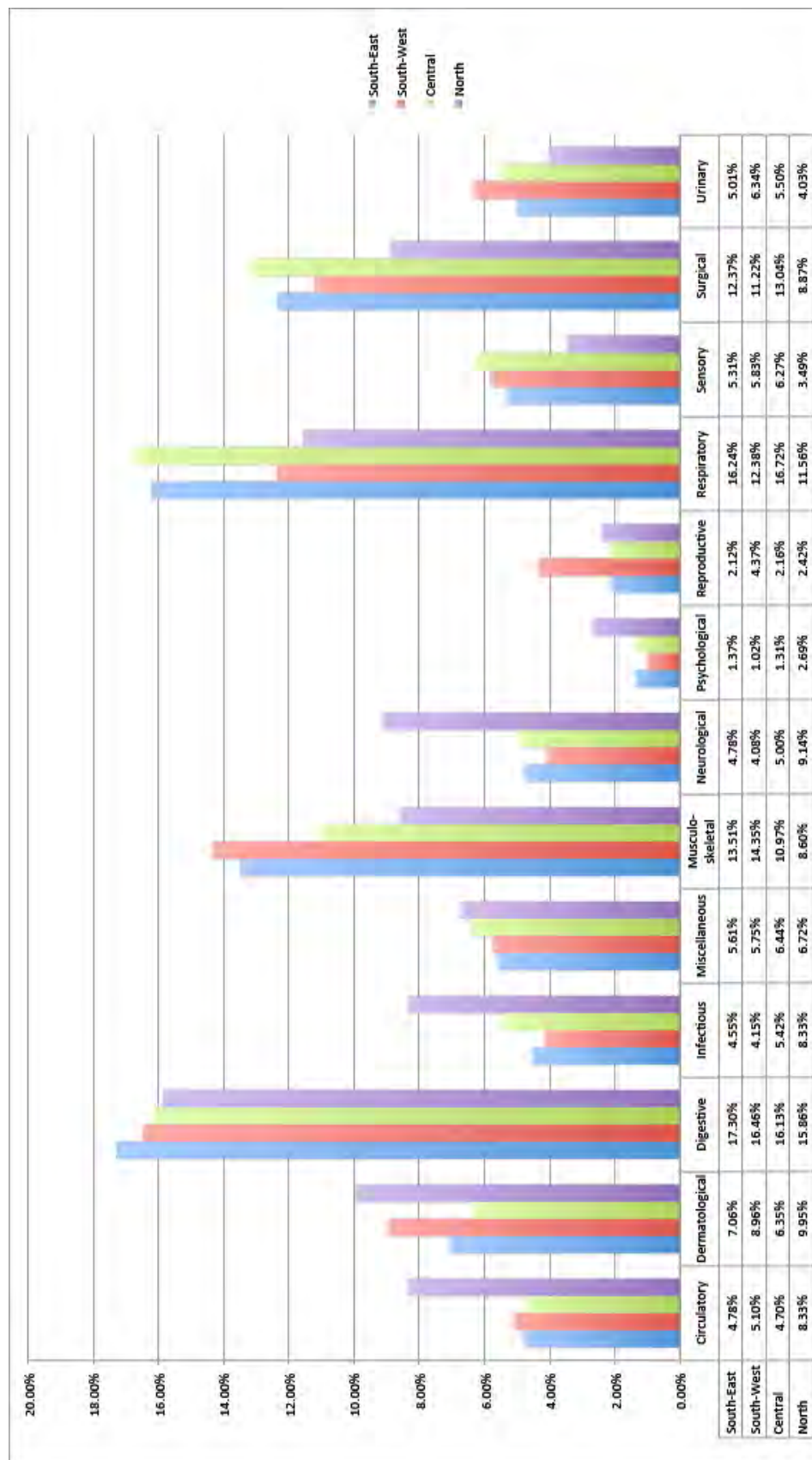
¹⁰³ Wear, *Knowledge and Practice*, p.191.

¹⁰⁴ 2667/12/40, WSA.

¹⁰⁵ Porter and Porter, *Patient's Progress*, p.7.

¹⁰⁶ Virginia Sarah Smith (1985) ‘Cleanliness: Idea and practice in Britain, 1770–1850’, PhD thesis, London School of Economics, p.134.

Figure 3.6 Distribution of recipes by category in four areas of England

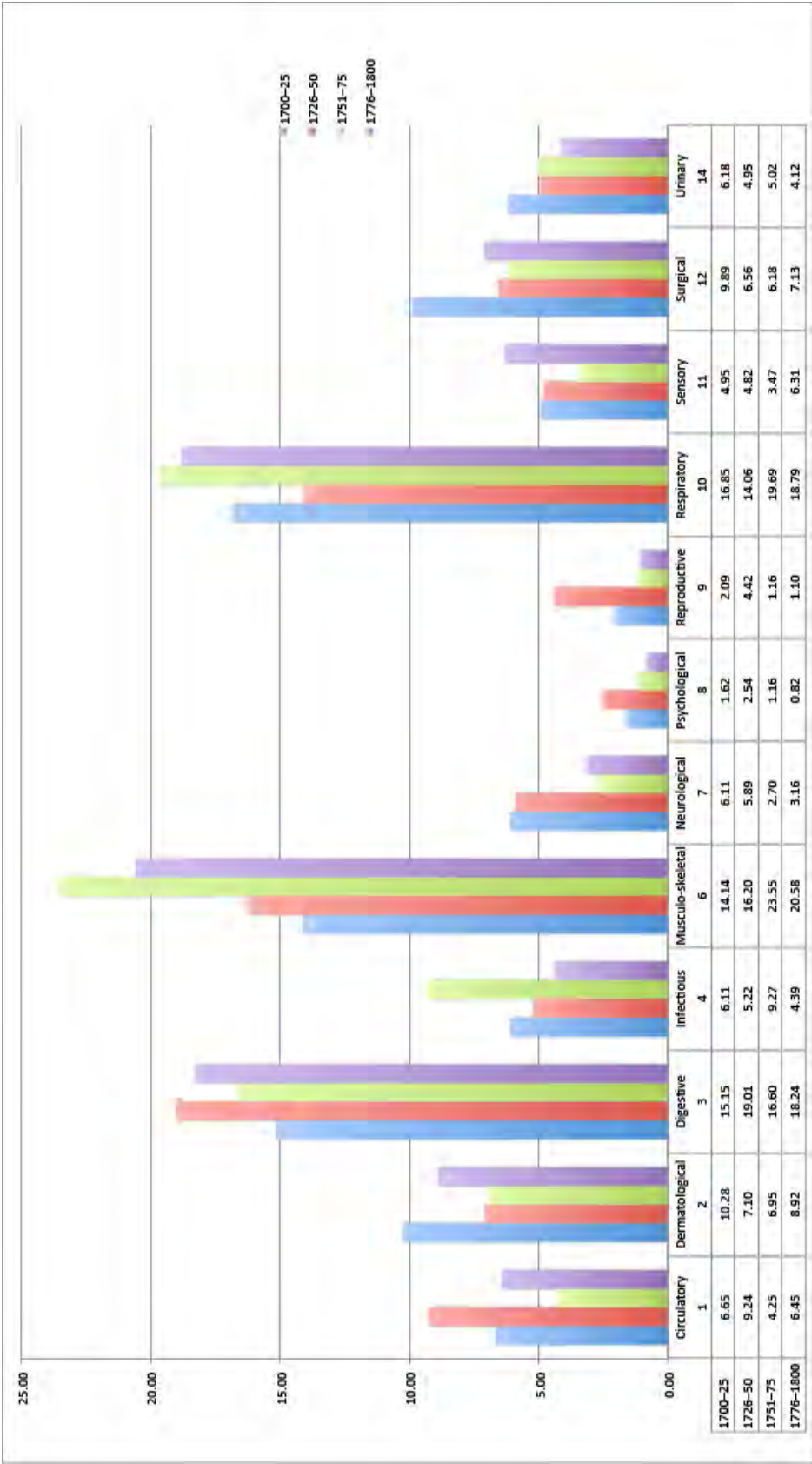


Comparison across the century

In addition to comparisons of different regions, can any variations in conditions and types of remedies be identified over time? Figure 3.7 assesses differences by recipe category in collections whose dates fall into each quarter of the century. This is not a comprehensive analysis, because many collections cannot be reliably dated and others fall into too broad a range – sometimes over more than a century. I have allocated the collections to date ranges based on the archival information, corrected if necessary by examination of the content. Furthermore, even volumes dated within a narrow period often include recipes from outside that time, copied from older collections or added by subsequent owners. There is also a much lower number of collections dating from 1750–75, producing only 259 recipes compared to 1294, 747 and 729 for the other three quarters, which means those results may be less reliable.

With those caveats in mind, while the overall profile is once again broadly similar, there are some interesting variations in the proportions of particular categories. There is a growth in recipes for musculo-skeletal complaints, including gout and rheumatism, conditions that lend themselves in particular to alleviation with the plasters and ointments that form a large part of these recipes. The respiratory category also shows an increase, potentially demonstrating a greater focus on remedies for coughs and colds, which tend to be simple to prepare and use, as will be discussed in Chapter 4. A decline in neurological remedies is noticeable, perhaps indicating a greater resort to medical professionals for serious conditions such as convulsions and epilepsy. There is also a sharp decline even in the previously low proportion of reproductive-related remedies, in line with the greater recourse to professional assistance already noted in this area.

Figure 3.7 Recipe categories across the eighteenth century



What can also be identified is a general trend towards collecting fewer recipes. Of the 25 collections containing more than 200 recipes (the highest number is 817, and there are others at 785 and 694), virtually all were begun in the first half of the eighteenth century or before, with the sole exception one of 216 recipes dated 1785.¹⁰⁷ In contrast, the average number of recipes in the 25 largest collections after 1775 is 85, with the highest (excluding the last mentioned) 186. This may have occurred because of the greater availability of alternatives such as printed recipe books or practitioners' advice, leading compilers to record only the information they thought they were really likely to need, rather than everything they encountered just in case it was ever required.

Some collections incorporate a large amount of information on 'simples', single herbs and their uses, often without a specific recipe. For instance, the Evens family recipe book gives the following list:

Spear mint good to stop vomiting the fresh herb bruised and applied to the pit of the stomach

Pepper mint good for windy colic

Hyssop good for coughs horseness asthmas strong tea sweetened with honney or sugar

Herbs good

Valerian for the nerves

Polipody as a laxative

Spleenwort for the hypochondriac or melancholy

Centary hyssop and oak lungs for pulmonary complaints or general weakness

Elecampane centary and comfrey root as a general strengthener to the stomach for clearing the bowels and head

¹⁰⁷ MS 3656, WL.

The herb centary made in to tea and drink 2 or 3 tea cups at a time good bilious or obstructions in the bowels

The herb pimpernel very good for fevers for a Bristal a little feather few [feverfew] with it¹⁰⁸

This recipe book also records information on symptoms, for instance of smallpox, measles and scarlet fever, which is not commonly found in other manuscripts.

Simples were the foundation of medieval *receptaria* and recipe manuscripts from the fifteenth century on, as Stine's work reveals.¹⁰⁹ Stobart also records seventeenth-century parson George Herbert recommending to 'make the garden the shop... for salves the wife... prefers the garden and the fields before all outlandish gums'.¹¹⁰ However, by the second half of the eighteenth century the Sheldon family book was able to note that 'simples are quite out of fashion & chimicals wholly prevail in the modern practise'.¹¹¹ Awareness of the applicability of common herbs may not have been so widely available by this time, in contrast to the assumption of a wide range of herbal knowledge recorded by Stine in her seventeenth-century sample.¹¹² This suggests that medical expertise was being demoted in importance compared to other kinds of domestic knowledge required to run a household or function in polite society. Thus the continuing inclusion of this 'old-fashioned' kind of information, which writers such as Hatfield indicate was habitually passed down orally,¹¹³ indicates it was still felt to be valuable and in need of capture in writing.

¹⁰⁸ MS 7732, Ann Coad Evens, Saltash, Cornwall, c.1788–c.1831, WL. See also Mon 3/36/3, executors' account book, Monson family, 1707–12, LA; MS 1320, WL; MS 7893, WL.

¹⁰⁹ Stine, 'Opening closets', p.20.

¹¹⁰ Stobart, 'Making of domestic medicine', p.172.

¹¹¹ MS 8468, Sheldon family, Weston, Warwickshire, 1748–1809, WL.

¹¹² Stine, 'Opening closets', p.29.

¹¹³ Gabrielle Hatfield (2005) *Memory, Wisdom and Healing*, Stroud: Sutton Publishing, pp.4–5. The fact that simples made from domestic herbs were often the only remedy

Furthermore, the more pre- or part-prepared ingredients and remedies became available for purchase from the apothecary, the more value may have been seen to lie in recording these straightforward remedies in place of those that were long and complicated, involving dozens of ingredients and specialised equipment. This is particularly obvious in recipes for cordial waters. The practice of distilling ‘to extract the essence from the plants’,¹¹⁴ widespread in wealthy houses in the seventeenth century,¹¹⁵ appears to have gradually declined, replaced by the use of simpler waters that were infused rather than distilled or by purchased equivalents. This suggests that the tacit knowledge of the practices used in distilling was less available. For instance, while a recipe for ‘swallow water’ dating from the early eighteenth century can say merely ‘distill it in an ordinary still’,¹¹⁶ a volume from the end of the century finds it necessary to note:

To distil in balneo maria is the usual way of distilling in water. It is no more than to place your glass body which holds the matter to be distilled in a convenient vessel of water when the water is cold for fear of breaking put a whisp of straw or the like under it to keep it from the bottom then make the water boil that so the spirit may be distilled forth. take not the glass out till the water is cold again for fear of breaking.¹¹⁷

The only recipes involving distillation in Anna Reeve’s late eighteenth-century recipe collection are five medicinal waters written together in a different hand, not used elsewhere in the volume. She shows considerable inquisitiveness about the

available to the poor is also noted by Withey, together with the fact that they ‘left little trace in the historical record’ (*Physick and the Family*, loc. 2389).

¹¹⁴ Tannenbaum, ‘Woman’s calling’, p.36.

¹¹⁵ For instance in that of Elizabeth Freke; see Elaine Leong (2008) ‘Making medicines in the early modern household’, *Bulletin of the History of Medicine*, 82:145–68.

¹¹⁶ MS 3082, WL.

¹¹⁷ MS 3656, WL.

making of remedies and how they should be used (including the useful warning ‘In making all salves & ointments, you should keep a slow fire, for they are apt to rise, or boil over, & you may fire the house or burn the person who is making it’¹¹⁸), so it may be that she requested knowledge of a skill she did not possess from a family member or friend.¹¹⁹

Distilling may just have been too time consuming, particularly when alternative methods were available. The simpler alternative for medicinal waters was to infuse them in the sun or by the fire in the selected liquid,¹²⁰ which was possible using more conventional kitchen equipment than that required for either hot or cold distilling. Stobart’s research identifies a recipe for ‘A very good Cordiall water without the trouble of a Still’ in a manuscript dated 1689,¹²¹ and her investigation of probate accounts indicates that although distilling equipment was available in many homes, it was not necessarily used.¹²² A simpler method may also have been a deliberate choice, indicating that it was the extensive use of distillation that was less usual, even in the seventeenth century. For instance, Linda Pollock notes that in contrast to Grace Mildmay’s complicated preparation techniques and wide-scale manufacture of medications, for most recipes in both print and manuscript sources for which distillation was appropriate, ‘steeping was more often suggested’.¹²³ Moreover, even though Leong, whose work on Elizabeth Freke’s extensive

¹¹⁸ Thus providing a reason to use the salve or ointment in question.

¹¹⁹ MS 2363, WL.

¹²⁰ Tannenbaum, ‘Woman’s calling’, p.37.

¹²¹ Stobart, ‘Making of domestic medicine’, p.182.

¹²² *Ibid.*, pp. 181–2.

¹²³ Linda Pollock (1993) *With Faith and Physic: The Life of a Tudor Gentlewoman. Lady Grace Mildmay 1552–1620*, London: Collins & Brown, p.98.

collection of cordial waters is often quoted,¹²⁴ records an increase in the use of the words ‘still’ and ‘distill’ in recipes over the seventeenth century, she also notes that distillation equipment was only used in 0.1% of the manuscript recipes she studied.¹²⁵

My own research indicates a gradual shift by the mid-eighteenth century towards infused waters, illustrated in Table 3.6. This is visible in individual recipes: the versions of Lady Hewitt’s water are distilled in MS 1320 and MS 4054 but infused in MS 3008; there are similar instances for palsy water¹²⁶ and imperial water.¹²⁷

Table 3.6 Recipes for waters in three collections from early in the eighteenth century and three from later (all from Wellcome Library)

Collection (date)	Distilled (%)	Infused (%)	Boiled (%)
MS 1320 (1710–25)	74.19	9.68	16.13
MS 2323 (1691–1738)	85.71	0	14.29
MS 4054 (1690–1710) ¹²⁸	86.76	11.76	1.47
MS 3008 (1743) ¹²⁹	70	30	0
MS 981 (1725–76)	76.81	21.74	1.45
MS 7850 (1749)	20	80	0

Furthermore, by the end of the century there was a significant fall in the number of recipes for any kind of medicinal water. For instance, the longest of the

¹²⁴ Leong, ‘Making medicines.

¹²⁵ Leong, ‘Medical recipe collections’, pp.106–7.

¹²⁶ Distilled in MS 1320 and MS 4054, infused in MS 981.

¹²⁷ Distilled in MS 4054, infused in MS 7850, Elizabeth Thompson, WL.

¹²⁸ The compiler of this closely written manuscript has a separate section of details ‘Receipts for Stilling’ that indicates some familiarity with the craft and associated equipment, and includes some ‘Rules in stilling’ such as ‘You must begin with a slow fire at first, & so grow hotter. Keep a constant heat to make all waters good & strong’.

¹²⁹ Mrs Jackson, WL.

late recipe collections includes only one for a water, tar water, among its 216 recipes¹³⁰; another has only five waters in 179 recipes¹³¹; and a third has ten waters, nine of which are infused eye waters, out of 186 recipes in total.¹³² This compares to 68 waters in 322 recipes for MS 4054 and 69 waters in 383 recipes for MS 981. Waters are still used in recipes in the later collections – for instance, MS 1829 has a recipe for ‘Doctor Frewens gout cordial’ beginning ‘Spearment water, spirituous cinnamon water, of each three ounces; nutmeg water two ounces’ and another for a cough starting with ‘Half an ounce of nutmeg water, two ounces of hyssop water, one ounce of mint water’ – but the implication is that these ingredients were purchased ready-made from an apothecary or druggist.¹³³

The art of distillation did not disappear domestically, as indicated by the compiler of a late eighteenth-century volume, who wrote against ‘A receipt to make plague water’: ‘This is the receipt... as I had it: But I generally still it in brandy and a limback, it is to long a doeing in a cold still.’¹³⁴ Nevertheless, the more widespread attitude is probably that summed up by an explanatory note beside a complicated recipe for ‘fitt water’ containing 26 ingredients and requiring both infusing and

¹³⁰ MS 3656, WL. The inclusion of tar water, whose main ingredient was pine resin, may have been because of its celebrity association with Bishop Berkeley, who wrote a tract promoting it; Benjamin, ‘Medicine, morality’.

¹³¹ MS 1625, recipes at end of printed copy of John Theobald’s *Every Man His Own Physician*, Cholmley family, 1777–90, WL.

¹³² MS 1829, WL.

¹³³ By the end of the eighteenth century druggists, who dealt directly with the public and took much of apothecaries’ dispensing business, leading to the latter’s transition to surgeon-apothecaries and general practice; Hilary Marland (1987) ‘The medical activities of mid-nineteenth-century chemists and druggists, with special reference to Wakefield and Huddersfield’, *Medical History*, 31:415–39.

¹³⁴ MS 7978, late 18th–early 19th centuries, WL.

distilling: ‘Mrs Shutz finding great demand for it; and very troublesom to make Gave the receipt to the Kings Apothacary’.¹³⁵

Conclusion

This chapter has analysed the 19,134 recipes in the 241 collections consulted in this research. While the form of recipes was sometimes shown to fall into a conventional pattern, that was not universally the case. The examples here reflect a range of individual preferences, different degrees of precision and amount of information depending on the skill of the compiler, as well as the recipe form being used for other applications outside the culinary or medical fields, from dietary recommendations to construction projects, from knitting patterns to physical experiments. These were records of processes and instructions, aides-mémoire and ways of sorting through information to make sense of it. What is important is that the knowledge was recorded for later retrieval and use.

Categorisation of the recipes into groups of conditions revealed that the most common kinds of remedies were for digestive problems and respiratory complaints, as well as individual ailments including scurvy, gout, rheumatism, kidney and bladder stones, intestinal worms and eye problems. There was little attention to psychological and reproductive-related conditions, indicating a greater use of professional medical assistance in these areas. A comparison with printed recipe

¹³⁵ 613/325, 18th century, SRO. Katherine Allen’s MA dissertation claims a larger and continuing role for distillation, but this is based largely on the evidence of one source, MS 3029 (WL), which dates to 1709; (2011) ‘England’s domestic chemists: Science and consumerism in eighteenth-century recipe collections’, MA dissertation, University of Saskatchewan. I have not had access to her PhD thesis, but understand from a blog post that she also found a decline in distillation after 1725; Katherine Allen (2015) ‘Categories in a database of eighteenth-century medical recipes’, *The Recipes Project*, 13 October, <http://recipes.hypotheses.org/6600>, accessed 13 October 2015.

books revealed higher proportions of reproductive-related remedies in an early text, suggesting an assumption that information was less available from midwives, although their absence from the manuscripts implies that this lack was not important. The greater focus on psychological ailments in the later printed text was probably commercially oriented rather than indicating a trend towards self-help. In general domestic medicine was revealed as ambitious enough to provide help in potentially fatal conditions and extreme casualties, but also to represent a comprehensive ‘first aid’ kit for everyday eventualities.

Some regional variations were ascertained in types of recipes, in particular for musculo-skeletal and respiratory conditions, which also showed growth across the century. The decline in reproductive-related remedies was even more apparent in a temporal analysis, which also revealed a reduction in the number of neurological recipes, indicating further reliance on professional assistance. What was most apparent over time was the recording of fewer recipes overall, as well as an increase in more straightforward remedies rather than those requiring specialist equipment and preparation time, such as distilled medicinal waters. This may illustrate a decline in tacit knowledge, or a rationalisation of the use of time in the household, given that alternatives were available to purchase from the apothecary. The reasons for continuing to record the information contained within these recipes and the domestic knowledge they represent will be considered in Chapter 7.

The discussion within this chapter illustrates that a vast range of knowledge was recorded about means of healthcare available in the domestic environment. While some recipes were simple and easy to prepare, others reflected a sophisticated grasp of contemporary information on the body and medical treatments. The fact that

the most common conditions addressed fell into the digestive and respiratory categories emphasises that domestic healthcare was particularly, although not exclusively, suited to the care of chronic ailments and everyday afflictions without the necessity to call on professional assistance all the time. This chapter has focused on an overview of recipes en masse and the categories into which they fall when taken as a whole. The next chapter will shift the focus to the content of individual recipes for a number of conditions and how they were addressed in the domestic context, as well as considering any differences in application according to the gender or age of the sufferer.

4: The Recipes II – Selected Conditions

Domestic knowledge is not only represented by the range and type of conditions for which remedies were recorded in manuscript recipe books, but also the individual and sometimes immensely varied recipes for particular complaints. One collection can contain numerous different recipes for one ailment, each of which might have been tried and found either successful or wanting, and various of which might be applicable to individuals of different temperaments in the humoral system. Sometimes the recipes for, say, gout or scurvy are the same across manuscripts – sometimes they follow identical wording, the source of which can occasionally be traced – but on other occasions they employ very different ingredients and methods.

This chapter will illustrate the variety and depth of knowledge in relation to conditions encompassing various aspects of healthcare. It will consider the contemporary understanding of that particular ailment, the ingredients of the recipes and the type of remedy, be it pill or poultice. The first examples are for coughs and colds, everyday afflictions treated by simple remedies featuring everyday household ingredients. Gout was a chronic condition where recipes focused on relieving the inflammation, as well as avoiding aggravating factors such as rich food and drink. Food as medicine is exemplified in the use of diet drinks, a prophylactic tonic intended for regular, sometimes seasonal use. Hydrophobia was a much-feared, incurable ailment addressed by a number of repeated recipes, although treatment was more talismanic than effective. Finally, Daffy's Elixir was a proprietary remedy that was one of the first to achieve significant commercial success. Its original

formulation is unknown, but the domestic recipes indicate a desire for knowledge of its ‘secret’.

The chapter will then go on to address whether particular conditions were thought to be suffered by one sex or the other or at different life stages, and if any variations can be discerned in recipes in this context.

Coughs and colds

Remedies for coughs and colds are in almost every recipe book. Indeed, recipes for coughs form the largest single grouping overall, 864 (4.06%), with a lower proportion of recipes for colds at 304 (1.43%). We still do not have a cure for the common cold despite decades of research, but sufferers would have been miserable in the days before painkillers and decongestants – as Porter and Porter note, it ‘was a direct experience of discomfort and malfunction’.¹ Even today, the NHS website says: ‘Painkillers... are the only type of medication known to be effective in treating colds’.² Now we are aware that colds and many coughs are caused by viruses, although various factors increase susceptibility, such as tiredness, allergies or underlying respiratory conditions.³ However, in the eighteenth century colds were believed to be occasioned by exposure to a low temperature or a draught, or even a summer breeze.⁴ As Cheyne advised:

Dr James Keill has made it out, beyond all possibility of doubting, that *catching of Cold* is nothing but *sucking* in, by the Passages of *Perspiration*, large *Quantities* of

¹ Porter & Porter, *In Sickness and in Health*, p.139.

² <http://www.nhs.uk/Conditions/Cold-common/Pages/Treatment.aspx>, accessed 28 July 2014.

³ <http://www.webmd.com/cold-and-flu/cold-guide/understanding-common-cold-basics>, accessed 9 March 2015.

⁴ Porter & Porter, *In Sickness and in Health*, p.139; Olivia Weissman (2010) ‘Gender and illness in seventeenth-century England’, PhD thesis, Johns Hopkins University, p.91.

moist *Air* and nitrous *Salts*, which by thickening the Blood and Juices... raises immediately a small *Fever* and a *Tumult* in the whole *Animal Oeconomy*...⁵

James Fretwell (b. 1699) believed he had got a cold ‘by sitting up late (and sometimes sleeping) for my uncle’s coming in, before he... had a servant’.⁶ There were also humoural explanations in terms of an imbalance of fluids: a runny nose an excess of phlegm, a high temperature an overabundance of choler.⁷

What we think of as a minor inconvenience had the potential to be fatal, particularly if the sufferer did not take care, and the result could be a more serious chest or lung infection.⁸ Caroline Powys told the story of

one poor young Lady [who...] died of a most violent Cold caught by not taking a chair [that is, a sedan chair] because it was only a few doors she had to go. The wind was amazingly high and the Physician said this was literally the cause of her death.⁹

The treatments for colds in one collection¹⁰ include pleasant-sounding pastilles made from liquorice root infused in various medicinal waters, flavoured with musk and amber and rolled in sugar.¹¹ If the cold turned feverish, the patient could be given a conserve made from wood sorrel, diascordium, mithridate, Venice treacle, saffron¹² and the inevitable sugar. The wood sorrel would have been cooling, while

⁵ Cheyne, *Essay of Health and Long Life*, p.129.

⁶ ‘A Family History begun by James Fretwell’, entry dated December 1718, in Jackson, *Yorkshire Diaries and Autobiographies*.

⁷ Porter & Porter, *In Sickness and in Health*, p.139.

⁸ Lisa Smith (2013) ‘Suffering from colds in the eighteenth century’, *Sloane Letters Blog*, 9 January, <http://www.sloaneletters.com/suffering-from-colds-in-the-eighteenth-century/>, accessed 23 February 2014.

⁹ Add MS 42161, Journal of Caroline Powys, BL, 9 March 1796.

¹⁰ DD\SAS\C/795/FA/120, Margaretta Warre Bampfylde, c.1720, SA. Margaretta had started to compile a recipe book before her marriage: on the first page she wrote her maiden name, then added her married name underneath.

¹¹ For sugar and liquorice, see Table 4.1. Musk and amber were strong aromatics that were in fact no longer used in perfumes by the end of the century, in favour of more floral notes – Smith, ‘Demystifying’, p.254. They were also used as aphrodisiacs – Evans, *Aphrodisiacs*, p.154.

¹² Mithridate and Venice treacle were universal antidotes. Saffron was a stimulant. See Tables 4.5 and 4.3.

diascordium is made from the leaves of water germander, which is a diaphoretic, meaning that it increases perspiration. The cough remedies in the same collection are rather more recognisable to today's reader, and bear a striking similarity to the modern NHS's recommendation that 'The simplest and cheapest way to treat a short-term cough may be a homemade cough remedy containing honey and lemon'.¹³ There is an emulsion of egg yolks, rum, honey, almond oil and lemon juice, all common ingredients as will be seen in Table 4.2, or a close alternative also featuring clove gillyflowers, the dried flower buds of carnations, used to relieve stress and promote sweating, and often also recommended for skin conditions.¹⁴

My analysis of cough and cold remedies omits those designed for consumption and also those for whooping cough (or chin cough, as it was then known) and focuses on the 227 recipes for colds, 787 for coughs and 77 for coughs and colds combined, making a total of 1091. The recipes varied in individual content but their application was similar across these three categories, with the same recipe being specified for different conditions, depending on the compiler. Considering the recipes for colds first (some of which were also for such problems as fever, shortness of breath or hoarseness), the 10 most frequently occurring ingredients out of the total of 172 (76 of which only occur in one recipe each) are in Table 4.1. In commenting on the use of these ingredients in these and other tables in this chapter, I have used contemporary sources wherever possible to avoid what Anne Stobart calls 'presentism', in which our modern knowledge of the therapeutic effects of

¹³ <http://www.nhs.uk/Conditions/Cough/Pages/Treatment.aspx>, accessed 28 July 2014.

¹⁴ Office of the Gene Technology Regulator (2006) 'The biology and ecology of *Dianthus caryophyllus* (Carnation)', Canberra: Australian Government Department of Health and Ageing, [http://www.ogtr.gov.au/internet/ogtr/publishing.nsf/content/carnation-3/\\$FILE/bioeco-carnation.pdf](http://www.ogtr.gov.au/internet/ogtr/publishing.nsf/content/carnation-3/$FILE/bioeco-carnation.pdf), accessed 8 March 2015; Gushurst-Moore, 'Garden in her cups', p.248.

ingredients takes precedence over the knowledge of those who collected these recipes in the past.

Table 4.1 Most frequently occurring ingredients in remedies for colds

Ingredient	No. of recipes	%	Notes
Sugar	102	49.76	The refined juice of the tropical sugar cane. ‘Obtunding’, meaning it dulled sensitivity. Mainly used for improving taste and as a vehicle for other ingredients, but also functioned as a preservative. In humoral terms warm and moist, as opposed to the alternative sweetener honey, which was hot and dry; the more appropriate substance needed to be chosen to provide balance. ¹⁵
Liquorice	65	31.71	The root of a shrub native to South-East Europe, 50 times sweeter than sugar, obtunding and a mild laxative. Its soothing action led to its widespread use in cough remedies, in which it was also expectorant. ¹⁶
Aniseeds	32	15.61	The seeds of a plant grown in Southern Europe, sweet and aromatic and used as a stimulant and purgative. Promote expectoration and treat colic and flatulence. ¹⁷
Raisins	32	15.61	Sun-dried grapes were called ‘raisins of the sun’ to differentiate them from currants, which were oven dried (and were used in 4 recipes). Again, raisins were sweeteners with a soothing and mild laxative effect. ¹⁸

¹⁵ Gushurst-Moore, ‘Garden in her cups’, p.245. John Aiken (1785) *A Manual of Materia Medica*, London: J. Johnson, p.149. Kim F. Hall (1996) ‘Culinary spaces, colonial spaces: The gendering of sugar in the seventeenth century’, in Valerie Traub, M. Lindsay Kaplan & Dymphna Callaghan (eds), *Feminist Readings of Early Modern Culture: Emerging Subjects*, Cambridge: Cambridge University Press, 168–90, p.172. Leong notes that with roses and wine, sugar was one of the three most popular ingredients in the recipes she examined; ‘Medical recipe collections’, p.102. See also Jon Stobart (2013) *Sugar and Spice: Grocers and Groceries in Provincial England, 1650–1830*, Oxford: Oxford University Press, p.32; Sidney W. Mintz (1993) ‘The changing roles of food in the study of consumption’, in Brewer & Porter, *Consumption and the World of Goods*, 261–73, p.265.

¹⁶ Sandra Jergensen (2013) ‘Liquorice: “The spoonful of sugar that helps the medicine go down”’, *The Recipes Project*, 5 September, <http://recipes.hypotheses.org/1295>, accessed 23 February 2014; <http://botanical.com/botanical/mgmh/l/liquor32.html>, accessed 25 July 2014; Aiken, *Manual of Materia Medica*, p.81; William Meyrick (1790) *The New Family Herbal; or Domestic Physician*, London: R. Baldwin, p.285.

¹⁷ Aiken, *Manual of Materia Medica*, p.18; Edward Strother (1727) *Materia Medica: Or, A New Description of the Virtues and Effects of All Drugs, or Simple Medicine Now in Use*, London: Charles Rivington, p.279; Meyrick, *New Family Herbal*, p.13; Strother, *Materia Medica*, p.279.

¹⁸ <http://botanical.com/botanical/mgmh/v/vine--09.html>, accessed 25 July 2014.

Ingredient	No. of recipes	%	Notes
Hyssop	28	13.66	An aromatic cultivated plant, tonic and stimulant. Either the herb itself or its distilled water was used, in particular for ‘disorders of the breast and lungs’ such as colds and asthma. ¹⁹
Honey	27	13.17	Described by Aiken as ‘a vegetable juice collected from flowers, by the Bee’, valued for its sweet and fragrant taste, as well as its obtunding and constipation-relieving properties. ²⁰
Sulphur	27	13.17	Otherwise known as brimstone, and as flowers of both, after powdering and purification. A natural element, often obtained from volcanic deposits, stimulant and laxative when ingested, believed to be ‘destructive of animalcules’ or parasites. ²¹
Coltsfoot	22	10.73	A wild perennial plant, of which both leaves and flowers were used, sometimes in tobacco. Obtunding and tonic, as well as expectorant, particularly as ‘a Syrup of the Juice of the Leaves’, which was ‘far from being a despicable medicine in disorders of the breast and lungs’. ²²
Elecampane	20	9.76	A wild plant with bitter and aromatic roots. Used as a stimulant and for tickling coughs and hoarseness, although overuse caused diarrhoea. ²³
Roses	19	9.27	Mainly as conserve of roses, fresh rosebuds cooked with sugar, with a fragrant, slightly bitter taste and tonic properties. Conserve of rosehips was sometimes used, and rosehip syrup is still given to babies as a source of Vitamin C. Roses, which are aromatic and soothing, were also used in remedies in the form of rosewater, sugar of roses and oil of roses. There were a number of varieties, but Meyrick claimed only red, damask and dog roses were used medicinally. ²⁴

It is noticeable that many of these are everyday household ingredients, and the recipes themselves are relatively simple, indicating they might well have been

¹⁹ Aiken, *Manual of Materia Medica*, p.90; Meyrick, *New Family Herbal*, p.245; Strother, *Materia Medica*, p.154.

²⁰ Aiken, *Manual of Materia Medica*, p.108–9.

²¹ Aiken, *Manual of Materia Medica*, p.179.

²² Aiken, *Manual of Materia Medica*, p.188; Strother, *Materia Medica*, p.239; Meyrick, *New Family Herbal*, p.111.

²³ Aiken, *Manual of Materia Medica*, p.70; Meyrick, *New Family Herbal*, p.157; Strother, *Materia Medica*, p.54.

²⁴ Meyrick, *New Family Herbal*, p.398. The medicinal use of roses is discussed in Gushurst-Moore, ‘Garden in her cups’, pp.252–8.

readily used; indeed, they are similar to natural remedies still recommended today. For example, for a cold and sore throat (with an interpolation by the compiler in a different pen):

A large spoonful of honey, the same of rum, the juice of a large lemon, & a lump of butter ^{oil a better thing} the seize [size] of a nutmeg. Mix all well together, & let boil gently in a cup by the fire – take a tea spoonful often²⁵

Or, even simpler, a poultice of mustard on bread could be applied.²⁶ In contrast, one posset drink for a cold contains 21 ingredients, including a variety of herbs:

Take halfe a pound of reasons of the synne [raisins of the sun] 2 pennyworth of browne sugar candy halfe an ounce of annyseeds, halfe an ounce of licorishe, rosemary, pennyroyall hysopp a pritty quantity of each, a quart of springe water and boyle all these to a paste Then take a pinte of milke and tunne it with small beare [beer] or ale take a handfull of sorrell, a handfull of strawberry leaves, a handfull of vyolett leaves a handfull of mary gold leaves a handfull of young fennell, a handfull of mercury,²⁷ 2 handfulls of mallows a spoonfull of annyseeds, a handfull of camomell you must boyle all these hearbes in the possett drinke halfe an houre then straine it out in a faire bason, then take a quarter of a pinte of sallett oyle and put into the liquor, and a quarter of powder sugar, and a penny dishe of butter, the yolke of an egg a spoonfull of salt and stirr them all well together in the possett drinke and soe in a temperate heate give it²⁸

There is a good deal of overlap between the recipes for colds and those for coughs, with 10 of the most frequent cold ingredients featuring in the top 12. The 20 most frequently occurring ingredients in cough remedies (out of a total of 274, 99 in one recipe each) are therefore as in Table 4.2.

²⁵ LM/1379/2–380, SHC.

²⁶ E 69/354, late 18th century, HRO.

²⁷ I am grateful to Sara Pennell for pointing out that given the context, this is the herb mercury rather than the chemical element. A herb with a ‘nauseous Taste’, Strother recorded that this ‘relaxes, lubricates, softens and purges Serum’, as well as promoting menstruation; *Materia Medica*, p.175. Meyrick adds that it is drying and cleansing, and that ‘It is frequently given by country people to sheep that are troubled with a cough’; *New Family Herbal*, p.317.

²⁸ CR 1841/5, early 18th century, WCRO.

Table 4.2 Most frequently occurring ingredients in remedies for coughs

Ingredient	No. of recipes	%	Notes
Sugar	270	38.03	See Table 4.1.
Liquorice	135	19.01	See Table 4.1.
Honey	107	15.07	See Table 4.1.
Raisins	94	13.24	See Table 4.1.
Roses	92	12.96	See Table 4.1.
Sulphur	87	12.25	See Table 4.1.
Almonds	84	11.83	Mainly as sweet almond oil, but occasionally the nuts themselves, both sweet and bitter. Sweet almonds were obtunding, the bitter were sedative and diuretic, so both would have dulled irritation occasioned by a cough, particularly of the ticklish variety. ²⁹
Poppies/opium/laudanum	77	10.85	Distilled oil of poppy seeds or syrup of white poppy heads (the red poppy is much gentler in effect). Anodyne (analgesic because of reduced sensitivity) and narcotic (again, blunting the senses, but also sleep inducing and possibly leading to euphoria), opiates were one of the few effective painkillers available. Sweet and oily in taste, recommended for pleurisy, coughs and diseases of the breast. Dangers of overdosing were recognised, and recipe collections include occasional remedies such as one ‘To relieve the inconveniences attending the leaving off laudanum’. ³⁰
Hyssop	74	10.42	See Table 4.1.
Aniseeds	69	9.72	See Table 4.1.
Elecampane	60	8.45	See Table 4.1.
Coltsfoot	53	7.46	See Table 4.1.
Maidenhair	53	7.46	A fern, also called capillaire, obtunding and tonic. Diuretic and ‘removes obstructions of the lungs’. Used in decoction or syrup form. ³¹

²⁹ Aiken, *Manual of Materia Medica*, p.16; Meyrick, *New Family Herbal*, p.9.

³⁰ Strother, *Materia Medica*, p.314. Meyrick, *New Family Herbal*, p.383 lists these as ‘either immoderate mirth or stupidity, redness of the face, swelling of the lips, relaxations of the joints, giddiness of the head, deep sleep, accompanied with turbulent dreams and convulsive starting, cold sweats, and frequently death’. The medicinal use of poppies is discussed at length in Gushurst-Moore, ‘Garden in her cups’, pp.232–47. See also Add MS 29740, BL.

³¹ Aiken, *Manual of Materia Medica*, p.187; Meyrick, *New Family Herbal*, p.298; Strother, *Materia Medica*, p.124.

Ingredient	No. of recipes	%	Notes
Eggs	48	6.76	Mainly as yolks, but sometimes as whites or whole eggs, predominantly as vehicles for other ingredients, or as Aiken notes ‘used as mediums for the union of oily and resinous substances with water’. ³²
Balsam of Tolu	44	6.2	A gum from a tree native to South America, made into a balsamic syrup, similar to Balsam of Peru. Recommended by the Edinburgh Pharmacopoeia for use in a pectoral elixir, i.e. for chest complaints. Stimulant, expectorant and tonic. Noted as ‘excellent in coughs, hoarsenesses, consumptions, and all disorders of the breast and lungs’. ³³
Milk	42	5.92	Mainly as a vehicle for other ingredients and to make them more palatable; also associated with dietary approaches to treatment, in particular the milk and vegetable diet advocated by Cheyne (see the later section on gout). Milk was not as significant a part of the average diet as it is today. ³⁴
Figs	40	5.63	A sweet fruit, obtunding and laxative, used in ‘pectoral decoctions’. Often sold dried, and said to be easier to digest than other fruit. ³⁵
Lemons	40	5.63	Used both whole and as juice; the rind was a stimulant while the juice, a ‘grateful acid’, was cooling and opening. Both added a pleasant aromatic taste. Excellent for fevers and ‘inflammations of the mouth and throat’. ³⁶
Hartshorn	39	5.49	The horns of the male red deer, either powdered or cooked to a jelly. Absorbent, antacid and laxative, so often used to treat stomach disorders; the use in most recipes is of salt or spirits of hartshorn, a source of ammonia and thus employed as smelling salts. ³⁷

³² Aiken, *Manual of Materia Medica*, p.124.

³³ Natasha Kuran (2001) ‘Medical practitioners and the treatment of disease in eighteenth-century Scotland’, MA dissertation, University of Guelph, p.49; Hatfield, ‘Domestic medicine’, pp.257, 269. Meyrick, *New Family Herbal*, p.456.

³⁴ P.J. Atkins (1980) ‘The retail milk trade in London, c.1790–1914’, *Economic History Review*, 33(4):522–37.

³⁵ Aiken, *Manual of Materia Medica*, p.45; Meyrick, *New Family Herbal*, p.170.

³⁶ Aiken, *Manual of Materia Medica*, p.101; Meyrick, *New Family Herbal*, pp.171, 277.

³⁷ Aiken, *Manual of Materia Medica*, pp.58–9; Kuran, ‘Medical practitioners’, p.40.

Ingredient	No. of recipes	%	Notes
Vinegar	38	5.35	Often specified as white wine vinegar, both cooling and sudorific (sweat inducing) when taken internally. ³⁸ Compound vinegars containing essential herb oils had been used since antiquity to prevent against infection, particularly the mixture known as vinegar of the four thieves, for which there are a number of manuscript recipes. ³⁹ Cider vinegar is still recommended as a natural cough remedy and microbiological studies have demonstrated the antibacterial properties of acetic acid. ⁴⁰

There is a strong emphasis on fruit and vegetables in the cough remedies, not only those mentioned above but including turnips, leeks, asparagus, fennel, onions, radishes,⁴¹ apples, elderberries, oranges, blackcurrants, redcurrants, strawberries, raspberries, mulberries, black cherries, pears, dates⁴² and pineapple.⁴³ A fairly

³⁸ Aiken, *Manual of Materia Medica*, p.5.

³⁹ For example MS 1625, WL; MS 4759, Rebecca Tallamy and others, c.1735–early 19th century, WL (this recipe dated c. 1807). The latter, an annotated copy of John French’s *Art of Distillation* (1651), is discussed in Elaine Leong (2014) ‘“Herbals she peruseth”: Reading medicine in early modern England’, *Renaissance Studies* 28(4):556–78, p.576–7; and Katherine Allen (2012) ‘“The Art of Distillation”: Alchemy in eighteenth-century recipe books’, *The Recipes Project*, 10 September, <http://recipes.hypotheses.org/278>, accessed 23 September 2014.

⁴⁰ Ursula Lang, Sabine Anagnostou & Axel Helmstädter (2010) ‘Aromatic vinegars: Antiseptics of the past’, *Pharmaceutical Historian*, 40(1):10–12.

⁴¹ Turnips were recommended by John Gerard’s *Herball* (1597) for coughs and hoarseness, although apt to cause flatulence; J.K. Crellin & A.L. Tommie Bass (1990) *A Reference Guide to Medicinal Plants*, Durham, NC: Duke University Press, p.433. Leeks were diuretic and, when boiled into a syrup with honey, soothing in coughs and asthma. Asparagus was also diuretic, purgative and an emmanagogue, i.e. promoted menstruation. For fennel the root rather than the seed was used, usually the sweet variety, which is stimulant and diuretic. Onion was another stimulant and diuretic, recommended with honey in remedies against asthma. Radishes were to sweeten the blood, good against scurvy and gravel, and pectoral and effective in fevers. See Meyrick, *New Family Herbal*, pp.276, 353, 389; Strother, *Materia Medica*, pp.15, 81; Aiken, *Manual of Materia Medica*, pp.49, 74.

⁴² Apples were easily digested and reduced stomach acidity, said to be effective against the stone and soothing to a sore throat. The medicinal uses of parts of the elder plant are discussed in detail in Gushurst-Moore, ‘Garden in her cups’, pp.271–8; and in Hatfield, *Memory, Wisdom and Healing*, p.75. Oranges were usually the bitter Seville orange, used for the oil in its peel; Jerry Stannard (1963) ‘Materia medica in the Locke-Clarke correspondence’, *Bulletin of the History of Medicine*, 37:201–25, p.205. Boiled with sugar, blackcurrants make a soothing jelly for sore throats and are effective against fevers.

extreme remedy was said to have cured the writer in 1723: ‘Take a good walk of half a mile or 2 miles or a run more or less according to the strength & ability & as soon as you return home pare a raw turnip & eat it raw.’⁴⁴ Dr D’anvers’ ‘good medicine for a cough’ would have been much more pleasant:

Of good muscadine 1 pint & 20 or 30 kinnells out of a pine apple and beat ’em well in a mortar with a quantity of sugar candy put ’em all in the wine and boil ’em together a pritty while and drink thereof morning & evening to bedwards⁴⁵

Or Mr Perot’s recipe for a cough:

Take a penny worth of trickle [treacle], put it into the heart of an aple after scooping out the core, roast the aple, & eat it at night going to bed.⁴⁶

The remedies specified for a cold and cough combined are similar and sometimes identical – laudanum, treacle and vinegar are recommended for a cough or cold in Norfolk and just a cough in Hampshire and Surrey; a broth of mutton and turnips suggested ‘for a bad cold & cough’ in Buckinghamshire, for a cold alone in

Redcurrants were cooling and antiseptic, as well as antiscorbutic; <http://botanical.com/botanical/mgmh/c/curr132.html>, accessed 8 March 2015. Strawberries were cooling and diuretic, emollient in sore throats, antiseptic, also for use in gout and jaundice. Similarly, both raspberries and mulberries were cooling and antiseptic; the former prevented vomiting, the latter were good for toothache and to kill worms. Black cherries were said to be a remedy for convulsions, although if too strong can be poisonous, and ‘there is every reason to believe that many hundreds of children have lost their lives by this unsuspected medicine’; they were diuretic and good against headaches. Pears reduced fever and treated diarrhoea. Date stones were astringent and therefore useful to reduce fever. See Meyrick, *New Family Herbal*, pp.90–91, 156, 333, 391, 434–5; Aiken, *Manual of Materia Medica*, p.75; Strother, *Materia Medica*, pp.294, 311.

⁴³ Now known to be a source of bromelain, an anti-inflammatory; <http://www.drugs.com/npc/pineapple.html>, accessed 8 March 2015. However, I have been unable to find any recommendations in contemporary printed sources for its use, so its inclusion in recipes may have been more to do with its novelty value as an exotic, luxury ingredient; McKendrick et al., *Birth of a Consumer Society*, p.10.

⁴⁴ D5336/2/26/10, Pares of Leicester and Hopwell Hall, 18th century, DRO.

⁴⁵ D5336/2/26/9, DRO.

⁴⁶ U1590/C43/2, KHC.

Warwickshire⁴⁷; cold water sweetened with sugar or treacle advocated for a cough by Mrs Ann Lathwell, Anne DeLaune and Mr Long, a cold by Lady Meredith and Sir Michael Ernle, and the two together by Mrs Mount.⁴⁸

A cough remedy variously attributed to Dr Harman, Miss Le Grand and Mrs Senior is almost the same in the first two variants (implying a common source), with minor differences in the third:

Take sliced holyhock roots, one spoonful, boil them in a quart of water, covered for a quarter of an hour, then take a three pint sauce pan, and put into it a pint of milk, when the milk is ready to boil put in the water stir in it a large spoonful of virgins honey, strain it through a sieve, and let the person take a quarter of a pint the first thing in the morning, and every two hours afterwards for three days: After that to be take only mornings and evenings, warming it every time

Take sliced holyhock roots one spoonfull, put them in a quart of water & cover them & boyl them a quarter of an hour, then take a 3 pint sauce pan & put in it a pint of milk. When the milk is ready to boyl, put in the water. Stir in it a large spoonfull of virgin honey. Strain it thro a sieve, & let the person take a quarter of a pint the first thing in a morning & every two hours for three days, & afterwards, morning & evening warming it every time.

Take fresh roots of hollyhocks, wash them clean from the dirt and slice very thin a sufficient quantity to fill a table spoon, quite full – boil them in three pints of spring water, till it is reduced to a quart – then mix with it a pint of new milk made scalding hot, and stir in a table spoonfull of virgin honey and strain it thro' a sive for use The patient should take a quarter of a pint warm ever three hours for three days, & afterwards three times or twice a day, as they find the cough & hectic heat abate - in

⁴⁷ MC 43/5, Foster, Cubitt and Weston family papers, 18th–19th centuries, NRO; RIC, Richardson and Pease families, early 18th–early 19th centuries, CHL; LM 1379/1, Cassandra Cornwallis More Molyneux, 1720s, SHC; D/DR/5/143/2, Drake family of Shardeloes, Amersham, 18th century, CBS; CR 1841/4, WCRO.

⁴⁸ Mrs Ann Lathwell: D5336/2/26/10, DRO. Anne DeLaune: Add MS 45198, Anne Glydd Brockman, 1668–1730, BL. Mr Long: F/4/75, 18th–19th centuries, CRO (these loose recipes are in the papers of the Fortescue family of Boconnoc, Lostwithiel, but they did not take over the estate until 1834. Boconnoc was previously in the ownership of the Pitt family, and from the dates the references are to William Pitt the Elder, 1st Earl of Chatham). Lady Meredith: U120/F28, KHC. Sir Michael Ernle: 332/256, WSA. Mrs Mount: Add MS 42173, Caroline Powys, 1762–98, BL.

the morning fasting and the last thing at night is the best time to take it when used only twice a day, and it must be continued till the cough and heat is quite gone⁴⁹

One remedy for a cold has the same ingredients as another for a cough and just one variant ingredient in a third, also for a cough, while expressed differently:

Half a pint of Peniroil water (or Easop [hyssop]) one ounce of Spurmasity [spermaceti] beat fine, some suger powder'd, and the yolk of an egg. Beat up with Parmacity [spermaceti] mix thim all together & take two or three spoonfulls night & morning.

Take one ounce of sperma cetti, 1 ounce of sugar-candy the yolk of a new laid egg beat them all in a mortar till they are smooth as oil, then mix it with a pint of penny royal water, put it in a bottle and shake it very well. Take a spoonfull now and then in the day time and two or three spoonfulls going to rest.

A dram of spermicittie [spermaceti] the same quantity of double refin'd sugar beat & mixt with the yolk of a new laid egg may be taken with barley or any other water⁵⁰

These similarities without direct copying are indicative of oral transmission, particularly in these relatively simple recipes, or of a well-known remedy passed down through the generations and explained differently by each compiler. There are certainly many recipes for coughs and colds that have one, two or three ingredients: 45 recipes with 1 ingredient (4.12%), 121 recipes with 2 ingredients (11.09%) and 212 recipes with 3 ingredients (19.43%), a total of 378 (34.65%). This implies the recording of recipes that were easy to use and the continuing influence of tradition. The same could be said for some of the simpler recipes for the chronic condition of gout, although here the impact of physicians' ideas was somewhat more evident.

⁴⁹ X171/59, BLA, Dr Harman. Add MS 29435, BL, Miss Le Grand. LM 1379/2-380, SRO, Mrs Senior.

⁵⁰ HMN 4/5, NRO, For a cold, Mrs Ray. DD\SAS\C/795/FA/120, SA, For a cough. 613/778, SRO, An excellent medicine for the cough.

Gout

An extremely painful condition, gout usually begins with acute pain and swelling in the big toe and then extends to other joints such as fingers, often accompanied by feverish sweating. A form of arthritis, it could be said to be the eighteenth century's signature ailment. Its association with the rich food and drink of luxurious living led to gout's status as a badge of honour or a signal the sufferer had reached a certain level in society.⁵¹ As physician William Heberden (1710–1801) commented, 'this seems to be the favourite disease of the present age in England; wished for by those who have it not, and boasted of by those who fancy they have it, though very sincerely lamented by most who in reality suffer its tyranny.' His list of symptoms forming 'the lot of old gouty patients' explains the last lament: 'Flatulencies, heart-burn, indigestion, loss of appetite, sickness, vomiting, acidities, with pains of the stomach and bowels, giddiness, confusion and noises in the head, numbness of the limbs, epilepsies, palsies, apoplexies, inquietude, universal aches, wastings of the flesh and strength, and lowness of spirits'.⁵²

Eighteenth-century cartoons of corpulent gentlemen with their feet in buckets or on footstools may look comical, but the truth was that the ailment was excruciating and disabling. Richard Grenville, first Earl Temple (1711–79), wrote to his sister Hester Pitt (1720–1803): 'Gout is gone but has left me such a swelling quite up to the top of my Thigh, as does not seem even disposed to abate.' Three

⁵¹ David B. Jacoby and Robert M. Youngson (2005) *Encyclopedia of Family Health*, New York: Marshall Cavendish, p.707; Kevin J. Fraser (1992) 'William Stukeley and the gout', *Medical History*, 36:160–86; R. Barnett (2012) 'Bitter medicine: Gout and the birth of the cocktail', *The Lancet*, 379(9824):1384–5.

⁵² William Heberden (1806), *Commentaries on the History and Cure of Diseases*, 3rd edn, London: T. Payne, pp.35–6, 38. First edition (in translation from Latin) posthumously published in 1803.

weeks later, ‘I can walk almost without a stick, but have still a swell’d Leg, the remains of gout; a swelld hand and lame arm which keep me confined.’⁵³ Sufferers were predominantly male, although older women were also susceptible, as will be discussed later in this chapter.

Nevertheless, on some occasions gout was actively desired for reasons other than fashion, as it was believed to be incompatible with other illnesses, including apoplexy and dropsy, and would therefore drive them out. This was dependent on ‘the time-honored assumption that diseases were jealous of each other and mutually exclusive’.⁵⁴ Politician and writer Horace Walpole (1717–97) called gout ‘a remedy and not a disease’, adding that ‘it will not be cured; and it is better to let it have its way’.⁵⁵ Betsy Sheridan, sister of playwright Richard Brinsley Sheridan, wrote to her sister Alicia LeFanu:

my Father is at last thank God fairly in the Gout – And has received the congratulations of Dr Millman on the occasion. The fact is that all his Phisicians have wish’d for this even but seem’d fearfull that he had not strength enough to throw off his disorders in that way.⁵⁶

Furthermore, gout had many disguises. Porter and Rousseau identified over 60 different types in one eighteenth-century treatise, including ‘galloping gout’ and ‘complicated gout’.⁵⁷ Four recipes in the manuscript collections talk about flying

⁵³ 25 February 1773, 18 March 1773, Birdwood, *So Dearly Loved*, p.25.

⁵⁴ Fraser, ‘William Stukeley’; Roy Porter (1994) ‘Gout: Framing and fantasizing disease’, *Bulletin of the History of Medicine*, 68:1–28, p.13.

⁵⁵ Letter to Sir Horace Mann, 26 August 1785, Peter Cunningham (1906) *The Letters of Horace Walpole, Fourth Earl of Orford*, Vol. IX, Edinburgh: John Grant, p.7. Similar words from another letter are quoted in Roy Porter & G.S. Rousseau (2000) *Gout: The Patrician Malady*, New Haven, CT: Yale University Press, p.75.

⁵⁶ 19 August 1785, LeFanu, *Betsy Sheridan’s Journal*, p.64.

⁵⁷ George Rousseau (2009) ‘Political gout: Dissolute patients, deceitful physicians, and other blue devils’, *Notes and Records of the Royal Society of London*, 63(3):277–96, p.283.

gout,⁵⁸ three running gout (including ‘For running of the universall gout’),⁵⁹ one weeping gout, describing it as ‘This evill ariseth between two joynts & spreadeth towards the next joynt, being full of watery holes or dimples, which presently fills againe being dried’,⁶⁰ and another ‘Scorbutick gout moving from place to another’.⁶¹ Other conditions were also falsely labelled gout, including headaches and stomach complaints, given the belief that it resulted from an excess of one of the four humours flowing (or dropping, since the name is derived from the Latin *gutta*, a drop) to a weakened area of the body.⁶² Consequently, gout was considered to be caused by ‘a sedentary life, drinking too freely of tartarous wines; irregular living, excess in venery; and obstructed perspiration and a suppression of the natural evacuations’.⁶³ Now it is known that it results from too much uric acid in the blood, either because an excess is produced or the kidneys are not filtering it efficiently. It can be alleviated and future attacks prevented by losing weight and reducing alcohol intake, but it can be worsened by foods rich in purines,⁶⁴ including anchovies, venison and goose – all of which featured strongly in the eighteenth-century diet. Sir Robert Walpole described those at one dinner as being ‘up to the chin in beef,

⁵⁸ D3155/WH 2702, DRO; D5430/50/13/1-89, late 18th century, DRO; MS 4646, Emily Jane Sneyd, c.1750–1795, WL; MS 7893, WL.

⁵⁹ CR 1841/5, WCRO; 332/256, WSA; MS 7893, WL.

⁶⁰ MS 7721, c.1675–c.1800, WL.

⁶¹ MS 3656, WL.

⁶² Barnett, ‘Bitter medicine’. In categorising the recipes, I have included all those that the compiler considered as for gout, regardless of whether this designation is likely to have been wrong.

⁶³ Ephraïm Chambers (1741) *Cyclopaedia, Or an Universal Dictionary of Arts and Sciences*, Vol. I, London: D. Minwinter, entry for ‘Gout’, n.p.

⁶⁴ Jacoby & Youngson, *Encyclopedia of Family Health*, p.707; NHS Choices (2014) ‘UK gout rates rise 30%’, *NHS Choices*, January 16. <http://www.nhs.uk/news/2014/01January/Pages/UK-gout-rates-rise-30.aspx>, accessed 9 February 2014. Purines are chemical compounds found in some foods that break down into uric acid. Foods low in purines include green vegetables, fruit, butter and eggs. <http://www.webmd.com/arthritis/tc/diet-and-gout-topic-overview>, accessed 8 March 2015.

venison, goose, turkeys etc. and generally over the chin in claret, strong beer and punch’.⁶⁵

Physician Thomas Beddoes (1760–1808) was scathing about ‘[t]hose seduced by la dolce vita [who] end up visited by the GOUT’ and coined the description ‘the BLUE DEVILS’.⁶⁶ *The Gout Alleviated*, a provocative treatise from another physician, William Rowley, compares ‘a gentleman of fortune’ – who feasts on ‘wild fowl, made dishes, rich sauces, puddings, tarts, &c. with glasses of various liquors’, followed by ‘a profusion of things’ for dessert, after which ‘the bottle is liberally indulged’ – with ‘a poor man’, who during a hard day’s work contents himself with ‘meat, if it be attainable... a little strong or small beer’ and then bread and cheese for supper.⁶⁷ It was thus almost natural, in Rowley’s view, that ‘The generality of men of fashion have the gout before they are fifty’, but ‘The gout is scarce ever seen amongst the lower order of people’.⁶⁸

Modern drugs to treat gout include the anti-inflammatory colchicine, which has as its active ingredient the poisonous extract of *Colchicum autumnale*,⁶⁹ from the same genus as the hermodactyl used for this purpose by the ancient Greeks. Seven

⁶⁵ 21 July 1731. Quoted in Christopher Christie (2000) *The British Country House in the Eighteenth Century*, Manchester: Manchester University Press, p.295.

⁶⁶ In *Hygeia* (1802), quoted in Rousseau, ‘Political gout’, p.277.

⁶⁷ William Rowley (1780) *The Gout Alleviated; Proved by Cases of the most painful Fits being removed in a few Days, with Reflections on the Causes of the Gout, and the Danger of altering the Diet in Chronic Complaints*, London: W. Richardson, pp.41–2.

⁶⁸ Rowley, *Gout Alleviated*, p.38. Interestingly, today the situation is reversed – with the condition on the increase again, the greatest number of gout cases are found in northeast England, an area with the highest levels of unemployment and alcohol-related illness – Ingrid Torjesen (2014) ‘Rates of gout continue to rise in UK, but GP care has not improved’, *British Medical Journal*, 348:g239.

⁶⁹ Edward D. Hartung (1954) ‘History of the use of colchicum and related medicaments in gout with suggestions for further research’, *Annals of the Rheumatic Diseases*, 13:190–200, p.191.

manuscript recipes for gout do include hermodactyl⁷⁰ (although most of these could date to the late seventeenth century), but by the 1700s physicians had discarded it as potentially dangerous. It was not remembered again until Nicolas Husson, an officer in the French Army, concocted a quack remedy called ‘Eau Médicinale’, which had colchicum as one of its secret ingredients and was adopted enthusiastically by the medical establishment around 1820.⁷¹ Instead, the remedies in eighteenth-century recipe books mainly focus on soothing the inflammation through poultices and on the age’s characteristic purges. A Dr Cook’s ‘recipe for the gout’ dating from 1769 was simply a mixture of onion juice and vinegar, heated and applied to the area of pain.⁷² Dr Clark of Edinburgh’s remedy of eating two or three red herrings before going to bed would have made the problem worse, and his instruction to chew straw for an accompanying violent thirst does not sound beneficial.⁷³

There is at least one recipe for gout in 114 recipe collections (47%), a total of 471; there are 94 recipes in one volume alone.⁷⁴ Two of the recipes can be traced to newspaper sources, one an Irish recipe from the *London Evening Post* and other sources in 1739⁷⁵:

⁷⁰ D5336/2/26/9, DRO; D1799/E316, Blathwayt family of Dyrham, 1692–1822, GA; MS 1340, WL; MS 1626, WL; MS 3500, WL; MS 7893, WL (2 recipes); MS 7976, WL.

⁷¹ Porter & Rousseau, *Gout*, p.133; Barnett, ‘Bitter medicine’. One manuscript recipe consists of ‘Two drachms of the tincture of colchium’, but it is not dated and is from a book that includes recipes from the 1850s as well as the early 18th century; F76/D/5, Dunne family of Gatley Park, HRO.

⁷² D5430/50/5, DRO.

⁷³ MS 2363, WL.

⁷⁴ MS 7893, WL.

⁷⁵ D3155/WH 2702, DRO; DD\SAS\C/795/FA/120, SA; *London Evening Post*, 26–29 May 1739.

A cure for the gout

**Published by Thomas Sandford, and
Edward Gent, both of the City of
Kilkenny...**

Half an ounce of Hierapicra⁷⁶ and eight Grains of Cochineal,⁷⁷ both in fine Powder, put both into a Pint of the best Red Port. Let it stand at least 24 Hours, shake the Bottle well and often during that time, but shake not the Bottle for three or four Hours before you draw off any of the Tincture for Use...

London Evening Post

A cure for the gout

Half an ounce of hierapicra and eight grains of cochineal, both in fine powder, put both into a pint of the best red port. Let it stand 24 hours, shake.

DD\SAS\C/795/FA/120

The other recipe, which occurs in 10 collections,⁷⁸ was noted in one as taken from the *London Magazine* and was known (although not mentioned there) as the Duke of Portland's receipt or the Portland Powder.⁷⁹

For the Gout or Rheumatism

Aristolochia rotunda, or
Birthwort)
Gentian) *root*.
Germander)
Ground pine) *tops and leaves*.
Centaury)

Take all of these well dry'd, powder'd and sifted, as fine as you can, equal weight, mix them well together, and take one drachm of this mixed powder every morning fasting in a cup of wine and water, broth, tea, or any other vehicle you like best...

London Magazine

A cure for the gout

Aristolochia or Birthwort)
Gentian) *root*
Germander)
Ground pine) *tops & leaves*
Centaury)

Take of all these well dryd powder'd & sifted equal weight mix them well together & take one drachm every morning fasting in a cup of wine & water, tea, or any vehicle you please... FEL 984

⁷⁶ A preparation of aloes, a purgative (Meyrick, *New Family Herbal*, p.10), and canella bark, the bark of a Caribbean tree that is 'of a warm, penetrating nature' (Meyrick, *New Family Herbal*, p.76), used as a cathartic; <http://www.merriam-webster.com/dictionary/hiera%20picra>, accessed 8 March 2015.

⁷⁷ See Table 4.3.

⁷⁸ MS 2767, WL; MS 4057, mid-18th century, WL; MS 4646, WL; MS 7893, WL; CR 1841/4, WCRO; Add MS 29435, BL; DD\GB/148/202, Gibbs Manuscripts, late 18th century, SA; U120/F28, KHC (with a slight variation to exclude germander, a diuretic that also induces perspiration); FEL 984, NRO; MS 4288, Frances Rous, 1767, WL.

⁷⁹ *London Magazine*, v.22, September 1753, p. 396, <http://babel.hathitrust.org/cgi/pt?id=mdp.39015011439604;view=1up;seq=448>, accessed 20 July 2014. Charles Wilson (1817) *Observations on the Gout, and Acute Rheumatism*, 2nd edn, London: Thomas Underwood, p.47. Its link to the Bentinck family, Dukes of Portland, is unclear.

This was certainly not intended for those who wanted a quick result, since it needed to be taken at a diminishing dose for a long time: ‘As this medicine operates insensibly, it will take perhaps two years before you receive any great benefit, so you must not be discourag’d tho you do not perceive at first any amendment. It works slow but sure.’⁸⁰ While popular, the remedy was criticised by some members of the medical faculty, including William Cullen, who claimed that it had ‘pernicious consequences’ and that those who took it for the period specified ‘have been attacked with apoplexy, asthma, or dropsy, which proved fatal’.⁸¹

Thirteen recipes for a gout cordial use the same ingredients and similar wording, with a further three that add one or two extras⁸²; four are attributed to Dr Ratcliffe. This was probably John Radcliffe (1652–1714), distinguished physician and founder of the Radcliffe Library in Oxford, although I have not found this recipe in a printed publication connected with him. A further four recipes for a simpler gout cordial or tincture, consisting of ginger, rhubarb, senna and snake root infused in brandy, are from different parts of the country but I have not been able to trace a common source; there is also one attributed to a Lady Shaw that substitutes saffron for the ginger.⁸³ These differ in their turn from Dutch physician Herman Boerhaave’s (1668–1738) gout cordial, containing rhubarb, senna, liquorice and aromatics in

⁸⁰ DD\GB/148/202, SA.

⁸¹ Wilson, *Observations on the Gout*, p.48.

⁸² Add MS 29435, BL (2 recipes); F76/B/35, Anne Ward, late 18th century, HRO; 613/778, SRO; DDX 164/1, Mary Badger, 1777, LRO; DE/P/F279, c.1730–c.1750, HA; F/4/75, 18th–19th centuries, CRO; MS 1625, WL; MS 1829, WL; MS 4646, WL; MS 4759, WL; MS 7893, WL; MS 8687, Sarah Tully, Lady Hoare, 1732, WL. X171/59, BLA adds Virginia snakeroot; Add MS 29740, BL and MS 7875, WL add nutmeg and Seville orange peel. The latter two have almost identical wording but are attributed to a Mr Brown and a Mrs Haddock, respectively. ‘Ranby’s mirifica’ is also similar, except for the addition of aniseed and the use of gin as an alternative to brandy; DD\SAS/C/2759/1, 1788, SA.

⁸³ D1798 HM37/16, Sneyd family, 1740–1818, STRO; CR 1841/4, WRO; Add MS 29435, BL; BOL 2/167, Elizabeth Reading Leathes, late 18th–19th centuries, NRO; D/DR/5/143/2, CBS.

brandy, which could be seen as the base of the ‘Ratcliffe’ ingredients of brandy, cochineal, coriander seeds, fennel seeds, liquorice, raisins, rhubarb, saffron and senna, but is not otherwise included in the manuscripts.⁸⁴

Many recipes have far fewer ingredients: 63 with three ingredients (13.38%), 87 with two (18.47%) and 41 with only one (8.7%), ranging in one collection from a paste of boiled hemlock root or bruised betony leaves to three cloves of garlic swallowed whole each morning, anointing the area of pain with hare’s blood or touching it with frog’s legs or a living puppy.⁸⁵ One ‘French cure for the gout’ consisted simply of drinking ‘forty eight glasses of warm water in twelve hours a glass at the end of every quarter of an hour taking nothing else during the time. It is supposed the profuse perspiration it occasions in general is the cause of the cure’.⁸⁶ In addition to the 185 liquid remedies (39.28%) consisting of tinctures, cordials and other drinks, 82 recipes (17.41%) are for plasters or poultices and 58 (12.31%) for ointments or oils. Some of these comprise everyday household ingredients such as poultices of bread and milk or bread, mustard and vinegar.⁸⁷ Particularly applied hot, these were intended to calm the inflammation and painful swelling, and their use would have been combined with relief gained from such inventions as a gouty chair

⁸⁴ W.S.C. Copeman (1964) *A Short History of the Gout and the Rheumatic Diseases*, Berkeley, CA: University of California Press, p.12. Boerhaave’s regimen for the gout is discussed later in this section. Mary Wise’s recipe book (CR 341/301, WCRO) contains ‘Dr Boerhaves receit for the gout and rheumatick pains’, but this consists merely of gum guaiacum and sal volatile.

⁸⁵ MS 7893, WL. The belief in the medicinal value of animals is discussed in Michelle DiMeo & Rebecca Laroche (2011) ‘On Elizabeth Isham’s “Oil of swallows”: Animal slaughter and early modern women’s medical recipes’, in Jennifer Munroe & Rebecca Laroche (eds), *Ecofeminist Approaches to Early Modernity*, Basingstoke: Palgrave, 87–104; William S. Keezer (1964) ‘Animal sources of early remedies’, *Bios*, 35(2):86–91; and Lisa Smith (2012) ‘The puppy water and other early modern canine recipes’, *Wonders and Marvels*, May, <http://www.wondersandmarvels.com/2012/05/the-puppy-water-and-other-early-modern-canine-receipts.html>, accessed 1 November 2014.

⁸⁶ MS 3656, WL.

⁸⁷ MS 1320, WL; U1590/C43/2, KHC.

or stool, fashionably upholstered by Hepplewhite or Chippendale, or footwear like the padded ‘gouty Bootikins’ about which Walpole wrote, which resembled knee-length bedsocks.⁸⁸

Taking all the remedies together, and excluding liquids such as water, wine and brandy, the 10 most common ingredients of the total of 353 (139 only used in one remedy each) are listed in Table 4.3.

Table 4.3 Most frequently occurring ingredients in remedies for gout

Ingredient	No. of recipes	%	Notes
Rhubarb	56	11.89	Rheum palmatum, a dock-like plant growing in Asia (‘Siberia and Tartary’), often at this time called Turkey rhubarb (from the trade route of the carpets, rather than its origin) to differentiate it from Rheum rhabarbarum, the fruit variety. The root is tonic and purgative, but if roasted is binding, and was used as late as the 20th century to treat dysentery. When infused in cinnamon or aniseed water it was used to treat stomach pains, and was also said to be strengthening. ⁸⁹
Saffron	54	11.46	Part of the stamen of <i>Crocus sativus</i> , the saffron crocus, once grown near Saffron Walden in Essex. Imparts a vivid orange colour to a mixture and is stimulant, particularly of blood flow and menstruation, and relieves wind. Aromatic, said to promote perspiration and to ‘enter into the remoter Recesses of the Body’ to treat ‘chronical Diseases’. ⁹⁰
Raisins	48	10.19	Sweetening and laxative; see Table 4.1.
Liquorice	46	9.77	Sweetening and laxative; see Table 4.1.

⁸⁸ Copeman, *Short History of the Gout*, pp.94–5.

⁸⁹ Aiken, *Manual of Materia Medica*, p.142; Strother, *Materia Medica*, p.83; Meyrick, *New Family Herbal*, p.396; <http://botanical.com/botanical/mgmh/r/rhubar14.html>, accessed 25 July 2014.

⁹⁰ Aiken, *Manual of Materia Medica*, p.61; Meyrick, *New Family Herbal*, p.404; Strother, *Materia Medica*, p.136; <http://botanical.com/botanical/mgmh/s/saffro03.html>, accessed 25 July 2014.

Ingredient	No. of recipes	%	Notes
Senna	43	9.13	The pods of a plant grown in Egypt and ‘the East’, its main use was as a purgative, in powder, infusion or tincture. Could cause stomach pain, so needed to be combined with a warm aromatic such as aniseed, carraway, fennel seed or cinnamon. Still used in tablet form to treat constipation. ⁹¹
Guaiacum	41	8.7	From a tree growing in the West Indies, stimulant and sudorific, to cause sweating and in gout and rheumatism to relieve pain and inflammation. Both the resin, gum guaiacum, and the bark were used, but the resin was preferable for gout. ⁹²
Fennel seeds	34	7.22	The seeds of an aromatic plant ‘growing in the warmer climates’, stimulant and diuretic. Used to be a constituent of gripe water. As an essential oil reduce wind, and using the seeds as part of a poultice was said to disperse hard swellings. ⁹³
Cochineal	33	7.0	A red dye extracted from the body of a cactus-feeding insect native to South America and Mexico. Gerard’s <i>Herball</i> claimed it was sudorific and ‘good against melancholy’, although Aiken saw no medicinal use other than colouring. ⁹⁴
Coriander seeds	31	6.58	The seeds of a garden-grown herb with a stimulant effect, employed as a purgative and to treat wind. When fresh the seeds have an unpleasant smell, but on drying become aromatic. Said to ‘assist the digestive faculties’. ⁹⁵
Snakeroot	28	5.94	<i>Rauvolfia serpentina</i> or Indian snakeroot, a member of the dogbane family native to India and East Asia. Used as a tranquilliser and an antidote to snake and insect bites. Meyrick, who called it rattlesnake root, recommended it for rheumatism, gout and asthma. Modern tests have shown it is a source of reserpine, a sedative. ⁹⁶

⁹¹ Aiken, *Manual of Materia Medica*, p.169; Strother, *Materia Medica*, p.227; Meyrick, *New Family Herbal*, p.419; [http://www.nhs.uk/medicine-guides/pages/MedicineOverview.aspx?medicine=Senna% 20Tablets](http://www.nhs.uk/medicine-guides/pages/MedicineOverview.aspx?medicine=Senna%20Tablets), accessed 25 July 2014.

⁹² Aiken, *Manual of Materia Medica*, p.83; Meyrick, *New Family Herbal*, p.206; [http://botanical.com/botanical/mgmh/g/ guaiac42.html](http://botanical.com/botanical/mgmh/g/guaiac42.html), accessed 25 July 2014.

⁹³ Aiken, *Manual of Materia Medica*, p.74; Meyrick, *New Family Herbal*, p.163; <http://botanical.com/botanical/mgmh/f/fennel01.html>, accessed 25 July 2014.

⁹⁴ Quoted in Amy Butler Greenfield (2011) *A Perfect Red: Empire, Espionage and the Quest for the Colour of Desire*, London: Random House, p.113; Aiken, *Manual of Materia Medica*, p.54.

⁹⁵ Aiken, *Manual of Materia Medica*, p.58; Meyrick, *New Family Herbal*, p.114; [http://botanical.com/botanical/mgmh/c/ corior99.html](http://botanical.com/botanical/mgmh/c/corior99.html), accessed 25 July 2014.

⁹⁶ Meyrick, *New Family Herbal*, p.393; M. Washington Clarke (1962) ‘Old-fashioned medicinal plants have value’, *Western Folklore*, 21:47–8, p.47.

Some of the ingredients were rather more deadly. They included arsenic, a grey metal frequently present in the environment in rocks, soil and water, famously employed as a poison because it is tasteless and odourless, although often used medicinally even until the twentieth century; unslaked lime or quicklime, the chemical compound calcium oxide, which is extremely caustic, but nevertheless taken in solution as a tonic and antacid; henbane, a sedative and discutient (causing dispersal of dead matter) but when ingested highly poisonous, the resort of witches and sorcerers⁹⁷; as well as lead and mercury, widely included in eighteenth-century medicines and even cosmetics. They were, however, all employed in plasters or ointments rather than ingested. Other unusual ingredients included breast milk, ‘of womans milk that hath a female child if the patient be a man, if a woman, on the contrary’, as part of an ointment; ‘the raspings of an human skull unbried’, this time powdered with other ingredients and drunk in a posset; and ‘rotten worm eaten cheese’, cooked in gammon broth, although whether this was drunk or used to anoint the limb was not recorded.⁹⁸

There was also a stress on the right food and drink for gout sufferers, which may seem obvious given the exacerbating factors for the condition, but was perhaps not quite so straightforward since many of the remedies consisted of infusions in alcohol (not heated concoctions in which the alcohol itself would have been boiled away). The regimen to prevent gout followed by Sir Edward Filmer (on whom more in Chapter 5) was an illustration of the latter point, where most of the good work

⁹⁷ Michael F. Hughes, Barbara D. Beck, Yu Chen, Ari S. Lewis and David J. Thomas (2011) ‘Arsenic exposure and toxicology: A historical perspective’, *Toxicological Sciences*, 123(2):305–32; Aiken, *Manual of Materia Medica*, pp.39, 89; <http://www.botanical.com/botanical/mgmh/h/henban23.html>, accessed 20 July 2014.

⁹⁸ D5336/2/26/9, DRO; D1799/E316, GA; MS 7893, WL.

done by exercise, water and light sleeping would have been undone by numerous glasses of wine:

1. Eat several slices of brown bread & butter cut very thin & 2 or 3 dishes of coffee and milk sweeten'd with brown sugar about 9 o'clock in a morning ...
2. About 12 o'clock took 20 of Turlingtons Drops which he calls his Balsam of Life, on a lump of lofe suger ...
3. About noon (or a little before) took the air in a one horse chaise with a top to it, to defend him against wind & weather, to get him a stomach.
4. Went to dinner about 2 o'clock eat what ever was most agreeable to his appetite; & as soon as he had eat moderately drank a large glass of cold spring water after it, & soon after that a wine glass of good strong sweet mountain to keep the water from pauling the stomach, and after that, 4 or 5 glasses of good strong red port wine.
5. About 7 o'clock drank 2 dishes of light quick green tea blood warm & a 3d with 1 tea spoonfull of tincture of cardamoms to correct the windiness of the tea. Went to bed on or before 11 o'clock, in a bed warm'd only knee high & but little clothes, turn'd down upon the shoulders. He rose at 7 & wou'd not suffer him self to lie long a bed after he had slept a reasonable time & was distinctly awake. But rose quick out of his warm bed, in the open air by way of a cold bath ...
6. He did not wear Flanel next him as he had don in former winters, thinking it relax'd the fibres & glands too much & made him faint & weak ...
8. At bed time hr constantly took 3 gulps or swallows of Dr Cheyne's a tincture of rhubarb & 4 or 5 godowns or swallows of cold water after it, in order to give him a stool the next morning & keep his body open.⁹⁹

Boerhaave and his colleague Osterdyke prescribed what was known as a milk diet, which needed to be followed for at least a year. An anonymous letter annotated 'prescribed to Lord Berkly for Cure of the Gout' describes this bland regime:

- 1st You must not tast any liquor only a mixture of one third milk and two thirds water, your milk as new as you can get it, & to drink it as often as you have occasion, without adding any other thing to it, a little tea and coffee is likewise permitted with milk
- 2dly In a morning as soon as awake and the stomach has made a digestion, you must drink eight ounces of spring water & fast two hours after, then eat milk & bread, milk porridge or tea with milk, with a little fresh bread and butter.
- 3dly At dinner you must not eat any thing but what is made of barley, oats, rice, or millet seed, carrots, potatoes, turnips, spinage, beans, pease, &c – you must likewise eat fruit when fully ripe, baked pears, or apples, and apple dumplins, but a bove all milk and biscuit is very good, but nothing salt or sour, even a civil [Seville] orange.
- 4ly At supper you must eat nothing but milk and bread.
- 5ly It is very necessary to go to bed be times even before nine of the clock, to accustom your self to sleep much, and use your self to it.
- 6ly Every morning before you rise, to have your feet, legs, arms, hands &c well rubb'd with pieces of woollen cloth for half an hour, and the same going to bed, this

⁹⁹ U120/F28, KHC.

article must be strictly observed for by this means the humours, knobs, and bunches will be dissipated, and prevent their fixing in the joynts, by which they become useless.

7ly You must accustom your self to exercise, as riding, the best, or a coach, chair, &c the more the better. But take care of the cold weather, winds, and rain.¹⁰⁰

Quite how far the average meat-loving Georgian followed that advice is open to debate, but the diet was widely recommended, for epilepsy as well as gout.¹⁰¹ The compiler of a late eighteenth-century book includes a milk diet in a list of ‘Advice for a gouty person’, the rest of which was:

As to the times of eating only dining is necessary, for as night should seem peculiarly designed to digest the humours, it would be wrong to waste that in digesting the aliment. For this reason gouty persons should forbear suppers but they may drink, a large draught of small beer, as being generally subject to the stone in the kidneys the growth of which is considerable obstructed by drinking such a liquor at this time, as it cools and cleanses the kidneys.¹⁰²

While the recipes for gout were attempts to alleviate the distress of the condition and treat its symptoms, self-medicating was also one way to avoid the sometimes harsh curative regime a physician might impose. For instance, Dr John Scot admonished Sir Richard Worsley thus:

You may fight like Cesar, but you cannot drink like Antony... Stick to one liquor, and if possible let that liquor be brandy and water after dinner, and pure water in the time of eating; eat of roast or boiled meat only; omitting all made dishes, fish, fruits, vegetables, tarts, cheese;... If you recollect the kind of breakfast that I recommended and the caution against any sippings, either tea or coffee in the afternoon; If you have a great inclination at any time for a supper, I have no objection to comply with the regular demands of nature, but on the same simple plan as at dinner, and particularly remember the glass of cold water at night; I live by medicines, but I must avow that in your case regimen, temperance & exercise are capable of performing every thing, and therefore with these, physic is unnecessary, and without these, it is absolutely useless.¹⁰³

¹⁰⁰ DD/SR/212/32, Savile family of Rufford, 1707–39, NA.

¹⁰¹ F/4/75, CRO.

¹⁰² DD\SAS\C/2759/1, SA.

¹⁰³ 1 Worsley 55, LA, letter from John Scot, 28 July 1778.

Since, as Cheyne noted in *An Essay of Health and Long Life*, ‘tis easier to *preserve* Health than to *recover* it, and to *prevent* Diseases than to *cure* them’,¹⁰⁴ regular exercise formed part of many physicians’ advice. Some saw this non-natural¹⁰⁵ as the most important form of health preservation. William Buchan, author of the popular handbook *Domestic Medicine*, claimed that ‘of all the causes which conspire to render the life of man short and miserable, none have greater influence than the want of proper exercise’.¹⁰⁶ This is included in the ways recipe book compilers recorded of avoiding conditions such as the gout in the first place. William Evens’s ‘Rules for health’ were ‘Regular meals – light suppers – fresh air, moderate exercise, no violent anger, and temperance in all things’.¹⁰⁷ The compiler of a late eighteenth-century collection crossed through a recipe for tincture of rhubarb with a large X and wrote underneath: ‘Better use proper exercise & above all things mend their diet & let nature alone. Exercise is the best cathartic & temperance the best alterative’.¹⁰⁸ And at the end of some recipes for the Duke of Portland’s gout powder were words to the effect that ‘you live soberly & abstain from those meats & liquors all ways accounted pernicious in the gout such as champain drams high sauce & you must use exercise riding if possible’.¹⁰⁹ Such advice is also an illustration of the fact that the categories of ‘food’ and ‘medicine’ were indistinct and overlapping in the humoral thinking that still prevailed, at least domestically, in the eighteenth century, a fact particularly illustrated by recipes for what were known as diet drinks.

¹⁰⁴ Cheyne, *Essay of Health and Long Life*, p.2.

¹⁰⁵ See this thesis, p. 36, for a description of the non-naturals.

¹⁰⁶ Quoted in Jack W. Berryman (2010) ‘Exercise is medicine: A historical perspective’, *Current Sports Medicine Reports*, 9(4):1–7, p.2.

¹⁰⁷ MS 7732, WL.

¹⁰⁸ MS 3656, WL.

¹⁰⁹ FEL 984, NRO. A similar recommendation is found in U120/F28, KHC.

Diet drinks

Diet drinks take their place in the close and symbiotic relationship between medical care and the overall regimen, as well as the fluid boundary between food and medicine: in ‘preventative care... remedy and recipe, medicine and food, were both distinct, and distinctly related’.¹¹⁰ First, it should be stressed that the term ‘diet drinks’ in this sense does not refer to a calorie-free, chemically engineered soda or meal replacement. The diet drinks of the early modern period were the reverse, intended to improve the diet, not slim it down. The *OED* defines them as ‘A drink prescribed and prepared for medicinal purposes’, but based on the 170 recipes in the collections I have studied, in my view the definition applied by those who collected such recipes would be ‘a regular drink forming part of the diet that has some benefit to health’. Predominantly purges, diet drinks were stated to be beneficial in some chronic conditions such as rheumatism, the King’s Evil and scurvy. Indeed, if one takes the modern definition of chronic as ‘a long-lasting condition that can be controlled but not cured’, that could apply to many ailments in the eighteenth century, when few actual cures were available even to the most advanced medical practitioners.

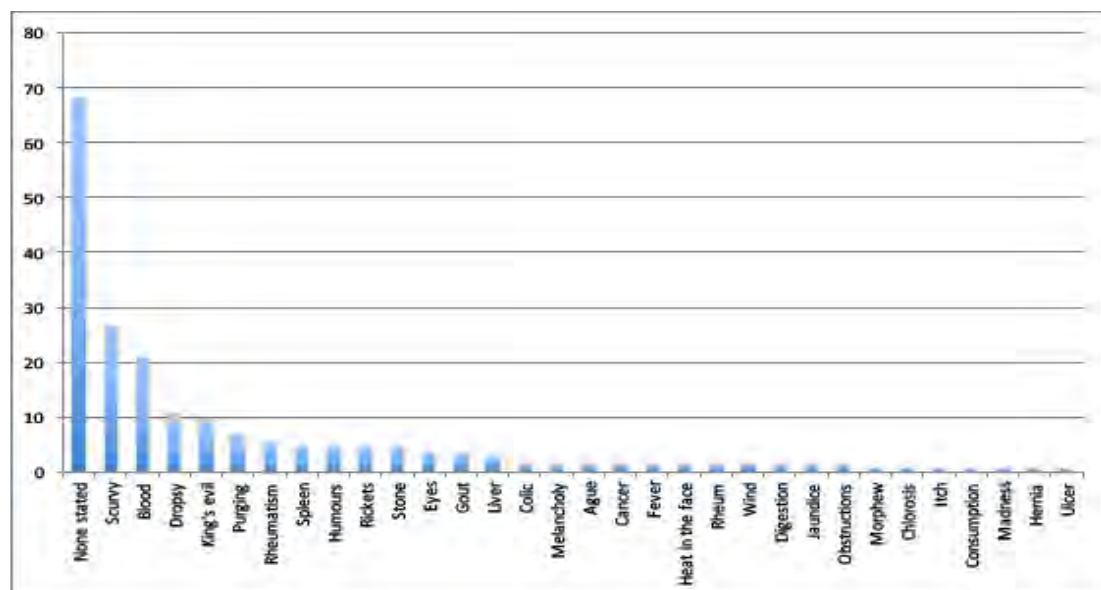
Figure 4.1 shows that 68 (40%) of the diet drink recipes analysed had no purpose appended to the name of the remedy, which may have meant they were a general ‘tonic’. They go by descriptions such as ‘Dyet drink in spring’, ‘A diet drink for spring or fall’ or ‘Family diet medicine’,¹¹¹ for reasons that will be discussed later. Of the remainder, 27 (15.88%) were for scurvy, which will also be discussed in

¹¹⁰ Gushurst-Moore, ‘Garden in her cups’, p.34.

¹¹¹ MS 7893, WL; MS 981, WL; MS 1625, WL.

greater depth, and 21 (12.35%) for sweetening or purifying the blood,¹¹² as well as others for melancholy, spleen, phlegm and humours in general that stress the humoral nature of this kind of remedy. One recipe appears to defy description: ‘An excellent diet drink against the dropsie, scurvie, ague, feavour, wind, spleen, stone, or any manner of obstructions in the liver, lungs, lights, reins & kidneys & procures good appetite & digestion’.¹¹³

Figure 4.1 Purpose of diet drink recipes



I am only including in this analysis recipes specifically called ‘diet drink’ (or some alternative phonetic rendering of the same words). There are other recipes for medicinal drinks, but I am using the way the compilers describe the recipe to get to the root of what characterises this kind of remedy. I am also not considering here the Lisbon diet drink, a commercially available supposed cure for venereal disease.

¹¹² Porter and Porter (*In Sickness and in Health*, p.47) note the number of remedies in published sources for cleansing or purifying the blood, to keep it sweet, and explain that one could realise the need through ‘a learnt system of coded response – feelings of “blood pressure” or weakness’.

¹¹³ MS 2767, WL.

Compared to the other recipes discussed in this chapter, those for diet drinks are far less homogeneous, indicating a greater degree of personal preference. There is only one set of recipes with the same ingredients, which have different applications depending on the compiler:

A dyet drink from Lady Ranelagh

To four Gallons of Ale. Take 8 ounces of Monks Rhubarb, scraped Clean and Sliced them and 8 ounces of Red Madder Roots used as aforesayd, 2 ounces of Annis-seeds bruised in a Mortar, 2 ounces of Liquoris scraped clean and sliced thin, 4 ounces of the very best Senna with as few stalks as possibly may be, one handfull of Agrimony and one handfull of Scabious. Put all these together in an Earthen pot and when your Ale comes in in the Morning put as much ale in the pot as will steep these Ingredients and Cover the pot close with paper and then let it stand a little distance from the fire to Infuse 4 or 6 hours and then put all your Ingredients into a thin bag, and put in as Many flint stones as will sink it to the bottom of the stean and after standing 3 days close covered you may drink it.¹¹⁴

A diet drink

Take the roots of monkes rubarb and red madder of each half pund sena four ounces anniseed and liquorice of each two ounces, scabious & agrimonie of each one handfull slice the roots of the rubarb bruise the seed & licorice break the herbs with your hands & put them into a stone pot called a stean, with four gallons of strong alle to steep or infuse the space of three daies, & then drink this liquor as your ordernarye drink for three weeks together at the least though the longer you drink it the better provide in rediness a nother stean so prepared that you may have one under another... it cures the dropsie the yellow janders all manner of itch scabes breakings out & manginess of the whole body It purifieth the blood from all corruption, prevaileth against the green sickness very greatly & all oppilations or stopings & makes young wenches look fair and cherrie like¹¹⁶

An excellent dyet drink for the jaundice dropsie green sickness itch & to open obstructions

Take of the roots of monks rhubarb red madder of each halfe a pound sena 4 ounces scabius & agrimony each one handfull; slice the roots & bruise the seeds & herbs. Infuse all together 3 days in 4 gallons of strong ale then strain it out into bottles & ever have one infusion under another & take it about a moneth. When this is drank out you may tun up the ingredients again ading an ounce of sena to it. add to it aniseeds & liquoris of each 2 ounces.¹¹⁵

¹¹⁴ MS 1340, WL. This collection has another diet drink with the same ingredients except for the addition of scurvygrass.

¹¹⁵ MS 3087, WL.

¹¹⁶ MS 4759, WL.

The fact that the diet drinks were indeed manufactured at home (rather than the compiler just recording the recipe) is indicated by comments such as ‘you must not make more at a time then this quantity for it will not keep good above 3 dayes & you must have a diate drinke pott a purpose to boile it in & be sure to keep the lid fast one or else it will fly of & doe mis cheife’,¹¹⁷ or suggested amendments such as ‘If you find it too hott, add 2 ounces of rasins washt but whol’¹¹⁸ or ‘if you’l have it to purge put in 4 ounces of monks ruberb and the like quantity of dock-roots’.¹¹⁹

Some of the recipes were straightforward, with twelve of those collected having only four ingredients (see Figure 4.2), one of which was the beer or wine in which the ingredients were steeped or brewed¹²⁰; others were far more complicated, with some boasting 26,¹²¹ 27¹²² and even 30 ingredients.¹²³

¹¹⁷ MS 1793, WL.

¹¹⁸ MS 7113, WL.

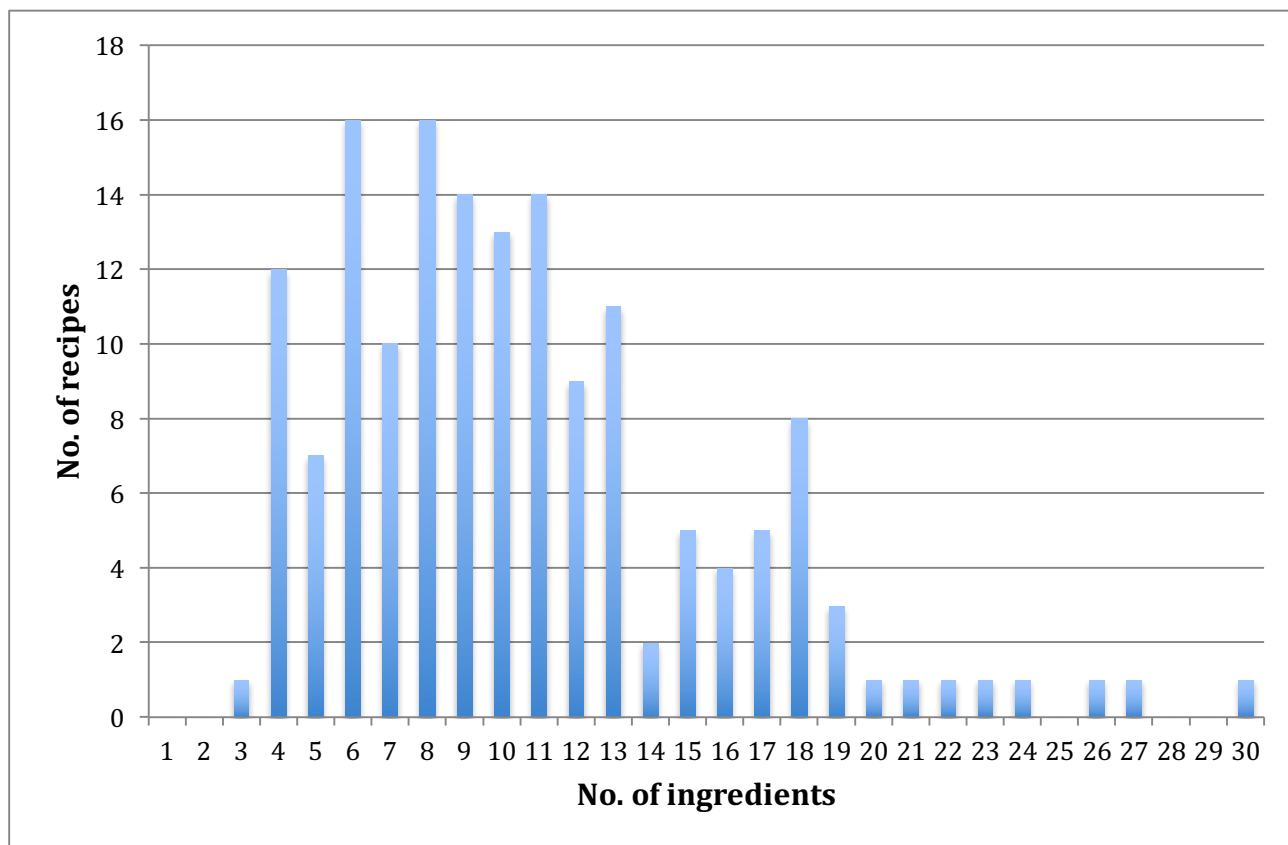
¹¹⁹ MS 3082, WL.

¹²⁰ For example LD24/2/1/a/6, c.1726, LA, ‘A dyet drink for the rickets’; D2455/F2/2/3, GA, ‘A diat drinck to purge the blod in the spring’; D5336/2/26/9, DRO, ‘To make a diet drink medicinable against gross humours & rhumes’.

¹²¹ HMN 4/5, NRO, ‘A diatt drink’. This offers no details of method of manufacture, nor any liquid to act as a vehicle, so was more of an aide mémoire for the compiler’s favourite mixture, brewed as for other recipes in the collection.

¹²² MS 3029, Elizabeth Jenner, 1706, WL, ‘A most excellent dyet drink for the rickets in children’.

¹²³ MS 7113, WL, ‘A diett drinke’ from Mrs Newce, annotated ‘This is an excellent drinke for any rheumatick body that is inclined to a dropsie’.

Figure 4.2 Number of ingredients in diet drink recipes

The recipes as a whole feature 215 different ingredients, 88 of which only occur in one recipe each. These exclude the ale, wine or water used for constituting the drink; more will be said later about methods of manufacture. Table 4.4 details the top 15 ingredients.

Table 4.4 Most frequently occurring ingredients in recipes for diet drinks

Ingredient	No. of recipes	%	Notes
Liquorice	63	37.06	Sweetening and laxative; see Table 4.1.
Senna	61	35.88	Purgative; see Table 4.3.
Sarsaparilla	50	29.41	The bitter root of a climbing plant from the West Indies, used as a tonic and also to dull sensitivity and mainly employed for skin diseases. Also a major constituent of root beer, although its reputation for treating syphilis may be one reason for its popularity. Said to promote perspiration and ‘sweeten the blood’. ¹²⁴
Aniseeds	49	28.82	Stimulant and to treat colic and flatulence; see Table 4.1.
Scurvygrass	49	28.82	<i>Cochlearia officinalis</i> , garden scurvygrass, a stimulant and specified as an antiscorbutic. Strother commented: ‘Wherever the Scurvy reigns, it grows.’ Also used to treat rheumatism. ¹²⁵ Sometimes the leaves were used, at other times a juice was made by bruising the leaves in a mortar, wrapping them in linen, squeezing the juices out and leaving to decant. ¹²⁶ Related to <i>Cochlearia marina</i> or sea scurvygrass, which appears in eight recipes; and also horseradish, see below.
Sassafras	46	27.06	Antiscorbutic and also used against venereal disease. The bark is said to be stronger than the wood. Stimulant, diaphoretic and diuretic in action. ¹²⁷
Agrimony	40	23.53	A perennial plant widely growing naturally throughout England, tonic and diuretic, believed to be valuable for liver complaints and ‘all such disorders as arise from a lax habit of body’. Used against jaundice and scurvy, specifically in diet drinks. ¹²⁸

¹²⁴ Aiken, *Manual of Materia Medica*, p.164; Clarke, ‘Old-fashioned medicinal plants’, p.48; <http://botanical.com/botanical/mgmh/s/sarjam17.html>, accessed 25 July 2014. Meyrick, *New Family Herbal*, pp.410–11, notes that the powdered root would be given to infants who had contracted venereal disease from their nurses.

¹²⁵ Aiken, *Manual of Materia Medica*, p.54; Leslie F. Newman (1948) ‘Some notes on the pharmacology and therapeutic value of folk-medicines, II’, *Folklore*, 59:145–56, p.146. Strother, *Materia Medica*, pp.134–5; Meyrick, *New Family Herbal*, p.417.

¹²⁶ CR 1841/4, WCRO.

¹²⁷ Meyrick, *New Family Herbal*, p.411; Strother, *Materia Medica*, pp.272–3.

¹²⁸ Meyrick, *New Family Herbal*, p.4; <http://www.botanical.com/botanical/mgmh/a/agrim015.html>, accessed 25 July 2014.

Ingredient	No. of recipes	%	Notes
Brooklime	39	22.94	The root of a creeping plant that grows in shallow streams, specified as an antiscorbutic and for use against jaundice and dropsy. ¹²⁹
Raisins	39	22.94	Sweetening and laxative; see Table 4.1.
Watercress	39	22.94	Another plant that grows in shallow water (hence the name), the young shoots of which were used to treat scurvy, as a diuretic and to assist with menstruation. According to Meyrick, ‘there is no better way of using it than as a salad’. Said to be gentler than scurvygrass. ¹³⁰
Rhubarb	38	45.29	Tonic and purgative; see Table 4.3.
Dock roots	34	20.0	Various varieties of dock are used in diet drink recipes, including the sharp-pointed dock and the red dock. A source of rumicin, used to treat the King’s Evil, and recommended as antiscorbutics, particularly in cases of ‘putrid spongy gums’. ¹³¹
China root	33	19.41	The root of a climbing shrub native to China, Japan and the East Indies, a tonic that increases perspiration and is said to be ‘alterative’, a blood purifier. Claimed to be ‘serviceable in scorbutic, venereal, scrophulous, and gouty complaints’. ¹³²
Fennel seeds	33	19.41	Stimulant and diuretic; see Table 4.3.
Guaiacum	31	18.24	Stimulant and anti-inflammatory; see Table 4.3.

These ingredients are all plant derived, but the diet drink recipes also feature parts of animals or insects as well as metals. For instance, shavings of hartshorn and ivory feature in 18 recipes each; the first is a source of ammonia, later used in smelling salts, but I have been unable to find a rationale for using ivory. Four recipes include woodlice, bruised (presumably alive) and tied in a bag, then infused with other

¹²⁹ Meyrick, *New Family Herbal*, p.59.

¹³⁰ Meyrick, *New Family Herbal*, p.125; Strother, *Materia Medica*, p.180.

¹³¹ Meyrick, *New Family Herbal*, p.149; <http://botanical.com/botanical/mgmh/d/docks-15.html>, accessed 25 July 2014.

¹³² Meyrick, *New Family Herbal*, p.95; <http://botanical.com/botanical/mgmh/c/china-63.html>, accessed 25 July 2014.

ingredients in two gallons of boiling water or ale.¹³³ In Aiken's treatise they are called *millipedaes*, with the note 'Smell, disagreeable. Taste, saltish, unpleasant',¹³⁴ so other diet drink recipes including millepedes, variously attributed to Dr Dover¹³⁵ and Dr Lower,¹³⁶ may be referring to the same insect. Four recipes include antimony, a soft grey metal used by the Egyptians as kohl, which is toxic and causes liver damage in large quantities. Paracelsus included compounds of antimony in his chemical medicine and it was often employed as an emetic, notwithstanding (or perhaps because of) its poisonous nature.¹³⁷ Iron filings are part of a further two recipes: iron and steel were widely used medicinally, to seal blood vessels and as an astringent and tonic. Iron filings were either used in their metallic state, purified by being pulled through a sieve with a magnet, or mixed with various alcohols or acids, such as chalybeat wine, a solution of iron filings in 'Rhenish wine' with cinnamon and mace.¹³⁸

One of the most popular applications of diet drinks was to treat scurvy. This disease, which results in symptoms such bleeding gums, loose teeth, spots on the skin, joint pain and lethargy, and can be life-threatening if left untreated, is now

¹³³ LM 1379/1, SHC and MS 3082, WL claim this is to sweeten the blood; MS 4054, WL attributes the diet drink to Sir Kenelm Digby; MS 7721, WL records it as 'A dyet drink for drying up superfluous humors in the body'.

¹³⁴ Aiken, *Manual of Materia Medica*, p.112. They are supposedly aperient (to relieve constipation) and diuretic.

¹³⁵ D-LO/6/17/113-145, Lowndes of Chesham, late 17th–early 18th centuries, CBS. Thomas Dover (1662–1742) was an English physician known as the 'Quicksilver Doctor' because of his frequent use of mercury and also renowned for Dover's Powder, a mixture of ipecacuanha, opium and potassium sulphate sold as a painkiller; Samuel Pyeatt Menefee (2004) 'Dover, Thomas (*bap.* 1662, *d.* 1742)', *Oxford Dictionary of National Biography*, Oxford: Oxford University Press, <http://www.oxforddnb.com/view/article/7955>, accessed 26 July 2014.

¹³⁶ MS 981, WL. Probably referring to the Quaker Thomas Lower (1633–1720), brother of the more famous Richard who worked on blood transfusion.

¹³⁷ http://www.rsc.org/chemistryworld/podcast/interactive_periodic_table_transcripts/antimony.asp, accessed 11 March 2015.

¹³⁸ Aiken, *Manual of Materia Medica*, pp.71, 73.

known to be caused by a nutritional deficiency of Vitamin C. Scurvy was common among sailors because of their diet on long voyages, and in fact was said to have killed more men than naval action.¹³⁹ However, it was not until investigations by Scottish physician James Lind in the mid-1750s that an effective cure was established by experimentation; he wrote: ‘the result of all my experiments was that oranges and lemons were the most effectual remedies for the distemper at sea’.¹⁴⁰ Even then, it was another 40 years before the Admiralty ordered lemon juice to be supplied to ships on a regular basis. At the time it was widely believed that there were two forms of the disease, sea scurvy and land scurvy.¹⁴¹ The latter was commonly not treated with citrus fruits, but by what were known as antiscorbutic herbs, most often scurvygrass, brooklime and watercress (which feature in 49 (28.82%), 39 and 39 (22.84%) recipes, respectively). In fact, because of its range of manifestations scurvy seems to have become a catch-all diagnosis for a range of ailments, rather like today’s designation of ‘a virus’ for any diagnosis of which the doctor is unsure.

Elizabeth Okeover Adderley’s ‘dyet drink for the scurvy’ was fairly simple:

Take scurvy grasse brooke lyme water cresses spire mint red sage fennell catstayle of each a good hand full, bruise all these and put them into a earthen vessell and put to them a pottel of white wine and as much good ale let them steep 24 howres and then drinke it.¹⁴²

¹³⁹ Kenneth M. Kiple (ed.) (1999) *Plague, Pox & Pestilence: Disease in History*, London: Phoenix Illustrated, p.68; Christopher Lloyd (1961) ‘The introduction of lemon juice as a cure for scurvy’, *Bulletin of the History of Medicine*, 35:123–32, p.123.

¹⁴⁰ Quoted in Lloyd, ‘Introduction of lemon juice’, p.124.

¹⁴¹ M.C. Buer (1968) *Health, Wealth and Population in the Early Days of the Industrial Revolution*, London: Routledge & Kegan Paul, p.159.

¹⁴² MS 3712, WL.

It did indeed contain the holy trinity of scurvygrass, brooklime and watercress, as well as spearmint, sage, fennel and cat's tail (or bullrush). The antiscorbutic herbs are rich in Vitamin C,¹⁴³ and it is notable they are only steeped in the liquids rather than heated; the latter would greatly reduce the vitamin content, although that would not have been known at the time. Other recipes add juice of scurvygrass at the end, after the other ingredients have been infused and then reduced, as in this recipe for 'Dr Matthews's diet drink for scurvey or dropsy':

Take guiacum 4 ounces, sassaparella 6 ounces, China an ounce, liquorice 2 ounces raisins of the sun 3 ounces, aniseeds half an ounce, steep these in 6 quarts of spring water 12 hours, then boyl to 4 quarts & put in betony, agrimony, maiden hair of each an handful boyl over a soft fire, & when of & settled, run 3 or 4 times through an hippocras bag, cleare Take a pint & half at a time & set it on the fire to boyl, then put in suddenly a pint of the juice of scurvey grass, which will presently make it cast a scum like posset curd, take the curd clear of & drink morning & evening 6 ounces at a time warm, & when out, repeat, juice of scurvey grass must be fresh to every draught¹⁴⁴

The instruction to use fresh scurvygrass juice each time would again have preserved as much of the Vitamin C as possible and is repeated elsewhere,¹⁴⁵ an example of a domestic remedy anticipating, presumably by successful experimentation, the findings of modern science.

Another method of manufacture was widely used, in keeping with the instruction at the end of many recipes to 'drink it for common drink' or 'always at meals'.¹⁴⁶ Some diet drinks were brewed in the same way as the household beer and

¹⁴³ Hatfield, 'Domestic medicine', p.49.

¹⁴⁴ MS 8450, Blackett family, Matfen Hall, Northumberland, c.1680–c.1740, WL.

¹⁴⁵ As in for example LM 1379/1, SHC: 'The herbs & docks are to be thrown away when its drank the bag will serve for another brewing, only with fresh herbs & docks'. A 'Dyet drink in the spring' (MS 7893, WL) has a variation with a similar result: 'The scurvey grass & wild fetches to be bruised & put into a flannel bag in the vessell at last & the oranges to be squeezed & put into the vessell rind & all. All the other things to be boiled well together & strained off'.

¹⁴⁶ HMN 4/5, NRO; DD\SAS\C/795/FA/120, SA.

indeed the two activities may have occurred side by side. The medicinal ingredients were put into the wort (or malted liquid) instead of hops, boiled to extract the flavour, then yeast added to ferment the sugars and produce alcohol, a process known as tunning, as in ‘a dyet drink from my sister Lucy Temple’:

Take halfe a pd of monks rubarb, halfe a pd of red maddar roots, a handfull of sea berrys 2 handfull of egremoney [agrimony] as much scurviegrasse 2 handfull of liverwort, 4 ounces of sena, 2 ounces of anny seeds, put all thise into a bag, & boyle them in 4 gallons of second wort, just as it comes off the kine till it tast strong of the hearbs then take out the bay & put yest to it as to other drink, & tun it up, begine to drink it 4 days after it tis tunnd, take a coffee cupe of it full in the morning & fast an houre after it & drink nothing ells att mealls & soe as long as the quantity last¹⁴⁷

Alternatively, the beer or ale was tunned first, then the herbs and other ingredients added:

After purging & bleeding according to direction you must provide this diett drink to drink constantly. Make 6 or 7 gallons of good ale of a middle sort & putt to it when tun’d & has don working juice of scurvey-grass a quart & ½: brooklime & watercress the juice of each a pint & ½: Twelf sower oranges cutt in quarters: Hors-raddish scrap’d 5 or 6 ounces. First boyle in your wort an hour a pound & ½ of pointed dock-roots, the utmost bark scrap’d, the roots must be sliced: tamarisks branches 2 or 3 handfulls: Cardus Benedictus seed & rockett seeds bruis’d of each one ounce & ½ juniper berryes bruis’d three ounces when boyl’d strein out well & cast away the ingredients which ar boyl’d, lett together abide in barrell, you may drink it on 8 or 9 days rest.¹⁴⁸

Scurvy was not treated by diet drinks in isolation. In a two-page spread from Lady Ann Fanshawe’s recipe book she records the instructions of Doctor Bowles, which include a flexible diet drink and a range of other preparations. He recommended starting with the diet drink, ‘for your use, at meales as well as out of meales, but at least twice a day morning & afternoon, taking it for a quarter of a yeare at a time, the hot months excepted’; when scurvygrass or the equivalent was not available, apple

¹⁴⁷ MS MSL2, WL.

¹⁴⁸ Add MS 28956, BL.

juice could be added instead, and senna if a purgative was required. There was an alternative water for the winter, pills, a gargle and a cordial.¹⁴⁹

The recommendation of the time of year to take various remedies highlights the use of diet drinks as a general tonic in the spring or autumn.¹⁵⁰ This is the preventive, prophylactic end of healthcare, in which diet drinks perform as the ‘nutraceuticals of the eighteenth century’,¹⁵¹ providing benefits to general health on top of the nutritional value of the ingredients as food. The Boyle family’s ‘purging diat drinke to take spring and fall a month at a time’ would have functioned in a similar way to the currently fashionable colonic irrigation, ensuring any remnants of the extreme effects of winter cold or summer heat were expelled from the body:

take 4 Gallons of Ale the first runing & Boyle it 3 or fouer hours tun it up with good store of Barme, that it may worke well, then hang into it a thinn Connas Bag with the ingredients following lett not the Bag tuch the Bottom of the vessell by 3 inches nor float on the top with the Barme and after 3 or 4 days drinke this off every morning halfe a pint and every night the 3th part of halfe a pint the ingredients follow

six ounces of Senna Alexandine, 6 ounces of the roots of polipodum of the oke which must be scrapt & sliced 2 ounces of Bay berrys Hulled and Brused 2 ounces of Anniseeds Brused halfe an ounce of Ruburb sliced 3 ounces of Ash Keys brused, 2 ounces of Sasafra wood thin sliced, 1 ounce of sarsaparella saldenella¹⁵²

Another diet drink from the same manuscript featured this comment:

It is to be taken Spring and fall, and neither offendeth the Stomack nor the Tast. It preserveth Health, cleanseth the Liver, purifieth the blood, drieth up superfluous and Crude humours, Suppresseth Choler, and keepeth the Brain and the whole Body in good Temper.¹⁵³

¹⁴⁹ MS 7113, WL.

¹⁵⁰ Hatfield (*Memory, Wisdom and Healing*, p.20) records that the practice of taking ‘pick-me-ups after the winter’ continued until at least the early twentieth century, in drinks such as nettle beer and dandelion and burdock.

¹⁵¹ Sara Pennell (2012) ‘“A matter of so great importance to my health”: Alimentary knowledge in practice’, *Studies in History and Philosophy of Biological and Biomedical Sciences*, 43(2):418–24.

¹⁵² MS 1340, WL.

¹⁵³ MS 1340, WL.

Dr Hawes' rather simpler diet drink, again for consumption in spring and autumn, contained three purging ingredients, senna, mechoacan (a mild form of the Mexican vine jalap, used as a cathartic) and currants, as well as nutmegs and cloves for flavour, and was said to be 'so pleasant servants will drinke it for the strength'. And as a certain Sam Cox wrote to Mrs Witherstone of Hereford, 'autumnal and vernal physic must be my portion for the remainder of my life'.¹⁵⁴

In humoural theory spring was the season of blood, which might then be expected to be in excess, hence the need to purify or sweeten it through a diet drink as well as bloodletting. Autumn in its turn was typified by an excess of melancholy, which certainly at the beginning of the century was still viewed as a result of too much black bile rather than a disease of the nerves. Especially characterised by stomach problems, the solution once again would be seen in purgation and phlebotomy. A visit to a spa was also recommended: Philip Stanhope (1694–1773) wrote to his friend, diplomat Solomon Dayrolles (d. 1786):

I go to Cheltenham to-morrow for a fortnight or three weeks – not for any present want of health, but by way of preservative against the autumn, when I am apt to have fevers.¹⁵⁵

The commercial possibilities of this kind of tonic did not take long to be exploited. At the beginning of the eighteenth century a 'sweetning diet-drink for the blood' was for sale, with claimed advantages of 'cleansing and purifying the whole Body, and causing and preserving a healthy Constitution'; its advertising at the beginning of the year is an early example of 'new year, new you'. A century later, 'keeping up strong health' was the role of a French-made 'tonic and digestive wine', also 'an excellent

¹⁵⁴ MS 1320, WL; J38/92/10, Snead Cox papers, early 18th century, HRO.

¹⁵⁵ Bonamy Morse Dobrée (1932) *The Letters of Philip Dormer Stanhope, 4th Earl of Chesterfield*, London: Eyre & Spottiswoode, 2 July 1748.

safeguard to those who indulge in the pleasures of the bottle’ and ‘prevents tipsiness’.¹⁵⁶ Even Velnos’ Vegetable Syrup, a commercial remedy for venereal disease, majored in its advertising on the fact that it was ‘wholly vegetable’, rather than containing the harmful mercury formerly used for the disease.¹⁵⁷ And by 1887, nerve tonics such as Wincarnis, and its later competitor the better-known Sanatogen, were widely recommended for ‘vitality, radiance and vigour’. Wincarnis’s ingredients do read rather like an eighteenth-century diet drink:

enriched wine and malt extract with a unique infusion of selected therapeutic herbs and spices including gentian root, mugwort, angelica root, balm mint, fennel seed, coriander seed, peppermint leaves, cardamom seeds and cassia bark¹⁵⁸

Diet drinks were not the only similar preparation that had a place in the everyday regimen. In his study of medical assistance to the dying, Mortimer found a debt to an apothecary in Canterbury of an astonishing £130 for ‘providing diet bread’ to one Edward Tiddeman of Chislet, husbandman in 1712.¹⁵⁹ Twelve recipes for diet bread or diet cakes were found in the recipe collections I studied, whose main ingredients were eggs, flour and sugar, rather like a sponge cake or egg-enriched bread, flavoured with lemon peel or spices such as cinnamon, cloves and caraway seeds¹⁶⁰; one of the Yorkshire recipes is the exception, adding sage and fennel seeds to a conventional bread recipe.¹⁶¹ The recipe with the most ingredients would have ended up more like a biscuit:

¹⁵⁶ *Daily Courant*, 4 January 1716; *Morning Post*, 9 June 1824.

¹⁵⁷ For example, *Courier*, 3 January 1793; *Newcastle Courant*, 14 November 1807.

¹⁵⁸ http://www.geminispiritswine.com/images/POS/wincarnis/Wincarnis_sell_sheet.pdf, accessed 23 June 2013.

¹⁵⁹ Mortimer, ‘Medical assistance to the dying’, p.249.

¹⁶⁰ For instance D5430/50/1, Wright of Eyam Hall, 17th–early 18th centuries, DRO; DB39/C29/1, Margaret Abercomby, 1736, WYAS.

¹⁶¹ WYL100/F/8, Temple Newsam family, 17th–18th centuries, WYAS.

Take a quart of flowre, a pound of sugar well beaten, carraway seeds, anyseeds, & sweet fennill seeds, of each one ounce, and a spoonfull of good lycoris, well serced, you must mingle them all well together, take the yolkes of 8 egges & the white of 3 of them, beate them well, & put these to 4 spoonfulls of rosewater, and soe knewd the aforesaid things, with this and noe other lyquor & when itt is well wraught then lay itt by the fire, halfe an howre in a fine linning cloth then make them up in roles, the less the better you must prick them with a needle, and after the bread is drawn, lett them stand in the oven tyll they bee verry harde.¹⁶²

Considering the use of the appellation ‘diet’ may help in understanding the function of both the drinks and the bread. According to the *OED*, the verb ‘to diet’ can mean simply ‘to feed’, but it can also have the implication of regulating food, and in this kind of recipe it appeared to take on a meaning that was to do with medicinal value or health; furthermore, the dictionary’s definition of ‘diet bread’ is ‘special bread prepared for invalids or persons under dietetic regimen’. Given the close relationship between food and medicine, the kind of advice embodied in instructions on diet would have been applied more widely than for those we would consider as invalids.

For instance, Martha Hodges’ recipe book contains a homily entitled ‘Fasting the cure of most distempers’, which recommended a ‘strict method of living as to diet’. It continued:

Fasting on a spare & low diet is to be enjoined to robust & plethoric bodies, to prevent the attacks of many diseases; we must allow that the blood & serum may happen to be superfluous or more in quantity than the receptacles & some can receive, subdue & digest, & cast off the superfluid which happens to those who often indulge with plenty of foods abounding with rich juice, & do not exercise to dissipate the overplus by transpiration.¹⁶³

A Mrs Gore of Bristol was given a regime to cure asthma:

I applyd my self to a very honnest Physitian who told me as a friend & very candidly, that if I expected to get rid of my troublesome complaint, medecine would have but a small share in obtaining it, that except frecquent emetticks a lasting cure

¹⁶² MS 7818, WL.

¹⁶³ MS 2844, WL.

must be owing to propper diet & exercise; accordingly he forbid me eating a full meal of any thing even of meat the easiest of digestion, such as chicken or veal and that not more then twice in a weeke, the other days I was to dine on vegetables & puddings but not made rich, & for my drink not to touch beer nor indeed any liquors that had been fermented, but instead of it to drink milk & water & now & then I was to indulge with tea but not made strong, he likewise advised me to ride every day on horse back, but not to continue it so long at a time as being fatigued would destroy its good effects.¹⁶⁴

This incorporates fresh air, exercise and emetics as well as diet, so almost all of the non-naturals.

There is a stress in much of this advice on drinking quantities of water. It is Naomi Tadmor's view that early modern people were unlikely to have drunk enough to satisfy the body's requirements for fluid, and that since much of what was consumed was beer and other alcohol, this may have led to frequent kidney problems.¹⁶⁵ Perhaps this is one reason for the proliferation of recipes for the stone and gravel in manuscript remedy books, although another might be the desire to avoid surgery for these conditions.¹⁶⁶

Finally, it should be mentioned that diet drinks were not the only form of liquid preparation that had both nutritional and medicinal value. Ken Albala typifies convalescent food through the ages as similar to that given to babies: soft, bland, nutritious and easy to digest. One example of an ideal convalescent food is 'concentrated meat broths'.¹⁶⁷ Mrs Cox of Worcester wrote to an aged friend, 'let me beg you to take care of your health, kitchen phisick as broaths, and jellys, are the best

¹⁶⁴ DD\GB/148/227, SA, letter dated 4 February 1774.

¹⁶⁵ Personal communication, June 2013.

¹⁶⁶ The latter is suggested by LeJacq, 'Bounds of domestic healing', 463.

¹⁶⁷ Ken Albala (2012) 'Food for healing: Convalescent cookery in the early modern era', *Studies in History and Philosophy of Biological and Biomedical Sciences*, 43:323–8, pp.323–4.

medicins at your time of life'.¹⁶⁸ The jelly may have been something like Doctor Radcliffe's restorative pork jelly, 'by which people have been recover'd from death's door',¹⁶⁹ and the broth could have been the chicken soup recommended by Mrs Finch, today's 'Jewish penicillin':

Take a lean chicken, skin it & draw it put one ounce of fine manna in the body of it, & secure it at both ends to keep the manna in, put it in one quart of water & let it boyl gently till it comes to one pint, then strain it off, & drink a coffe cup full at a time till it hath answered the purpose of giving a stool.

Tis so very innocent a woman in child bed may take it at any time or an infant. It is perticularly good to procure a stool in the piles, or for any great heat in the body or complaint in the stomach when such a medison is proper as it also comforts the stomach & bowels at the same time it works off & often proves effectual when all medisons have failed.¹⁷⁰

Unfortunately, such prophylactics would not have been effective against one medical problem the mere mention of which could cause terror – rabies.

Bite of a mad dog

Recipes for the 'bite of a mad dog' occur in 112 collections (just over 46% of the total). Some of the books contain a number of recipes, as many as eight or nine in two cases, but frequently four or five¹⁷¹; there are 220 recipes overall. Many cite success using a particular remedy, but as Buchan points out, this was likely to be because the dog was not 'mad' in the first place.¹⁷² Rabies, a usually fatal viral

¹⁶⁸ J38/82/10, Snead Cox papers, HRO, undated letter c.1765.

¹⁶⁹ LM/1379/2-380, SHC.

¹⁷⁰ Add MS 29435, BL.

¹⁷¹ 9 recipes in MS 981, WL; 8 in MS 1320, WL; 5 in MS 3712, WL, U1590/C43/2, KHC and WYL72/134, Harriett Fox, 1735, WYAS; 4 in CR 1841/5, WCRO, CR 341/301, WCRO, MS 2767, WL, MS 7721, WL and D610/F18, Hodges and Leigh families of Broadwell, GA.

¹⁷² Buchan, *Domestic Medicine*, p.572.

disease that attacks the nerves,¹⁷³ is still incurable once established, although Louis Pasteur did develop a vaccine at the end of the nineteenth century. At times when significant outbreaks occurred, for instance from 1734–35, 1759–60 and 1765, it was a prospect that aroused widespread and understandable panic, or what Pennell and DiMeo call a ‘widely shared Georgian phobia’.¹⁷⁴ The initial symptoms are non-specific, including headache, fever and muscular pain, but the virus eventually causes depression, involuntary twitching, ‘uncontrolled excitement’ and the characteristic fear of water, or hydrophobia.¹⁷⁵ A contemporary description from Cheyne ran:

The symptoms are melancholy, lowness, want of natural rest, shuning company, loveing darkness & solitude, terrible dreams, starting & in its progress the face grows red, but chiefly the eyes, convulsions & delirium come on, a violent pain in the stomach, he hates drinking & trembles at water.¹⁷⁶

The experience was so bad that even some of those who recovered subsequently committed suicide.¹⁷⁷

Dogs are the main source of transmission, largely because they are animals with which humans are likely to be in close contact whose characteristic response is biting, in play as well as attack. However, there were occasional cases of the ‘bite of

¹⁷³ Charles F. Mullett (1945) ‘Hydrophobia: Its history in England to 1800’, *Bulletin of the History of Medicine*, 18:44–65, p.46.

¹⁷⁴ A.A. King, A.R. Fooks, M. Aubert & A.I. Wandeler (eds) (2004) *Historical Perspective of Rabies in Europe and the Mediterranean Basin*, Paris: World Organisation for Animal Health, p.21. Of the 19 recipes in this research that are dated, 1 comes from 1735 and 4 from 1760. Pennell & Di Meo, ‘Introduction’, p.14.

¹⁷⁵ Janet Anderson & Rebecca Frey (2006) ‘Rabies’, *Gale Encyclopedia of Medicine*, 3rd edn., <http://www.encyclopedia.com/doc/1G2-3451601365.html>, accessed 16 March 2015.

¹⁷⁶ U DDFA/40/7, 1731–38, HHC. On a loose sheet signed GC Feb 23 1738, with other prescriptions from Cheyne, so possibly autograph.

¹⁷⁷ Hatfield, ‘Domestic medicine’, p.138.

a mad cat’, including one death listed in the Bills of Mortality for 1795, and a recipe described as being applicable ‘For the biting of a mad dog or cat’.¹⁷⁸

The most famous (or infamous) remedy for rabies was the so-called Lincolnshire receipt, which supposedly ‘was taken out of Cathorp Church in Lincolnshire the whole town being bitting with a mad dog and all that took this medicine did well & the rest died mad’.¹⁷⁹ The recipe is very similar in almost all instances, perhaps aided by its appearance with virtually identical wording in E. Smith’s *Compleat Housewife* by 1739 and in the *Gentleman’s Magazine* in 1746.¹⁸⁰

For instance, the version in Smith reads:

Take the leaves of rue, pick’d from the stalks and bruised, six ounces; garlic pick’d from the stalks and bruised, Venice treacle or mithridate, and scrapings of pewter, of each four ounces; boil all these over a slow fire in two quarts of ale, till one pint is consumed; keep it in a bottle close stopped, and give of it nine spoonfuls to the person warm seven mornings successively, and six to a dog, to be given nine days after the bite; apply some of the ingredients to the part bitten.

whereas a recipe in a Derbyshire collection runs:

Take the leaves of rue pick’d from the stalks and bruised six ounces; garlick pick’d from the stalks and bruised, Venice treacle; or mithridate & the scrapings of puter, of each four ounces. boil all these over a slow fire in two quarts of ale till one pint is consumed, then keep it in a bottle close stopped, and give of it nine spoonfuls to a man or woman warm, seven mornings to gether fasting; to a dog six. to be given

¹⁷⁸ Mullett, ‘Hydrophobia’, p.47; see Table 3.3; MS 7721, WL.

¹⁷⁹ This is quoted from 613/778, SRO, but repeated in a number of others. Interestingly, three remedies for the bite of a mad dog were found in the Lincolnshire Archives, only one of which, from a book dated 1726 (LD24/2/1/a/6), was a version of the Cathorp recipe (sometimes written Calthorp), although there was no mention of the association with the church. It is today spelt Caythorpe and the parish church is St Vincent’s, but I could find nothing about the remedy’s existence in the local archives or any corroboration of the story.

¹⁸⁰ Smith, *Compleat Housewife*. The first edition (of 18) was in 1727, but the first mention of Cathorp Church I can find is in the ninth edition in 1739 (p.350), although there is a recipe with almost identical ingredients and method from the fifth edition (1732), which merely notes it ‘has been frequently made use of in a neighbouring County, and (as the Gentleman who communicated it says) was never known to fail’ (p. 348). *Gentleman’s Magazine*, vol. 16, 1746, <http://babel.hathitrust.org/cgi/pt?id=mdp.39015018389430;view=1up;seq=528>, accessed 13 July 2014.

within nine days after the bite. apply some of the ingredients from which the liquor is stained to the bitten place.¹⁸¹

The Cathorp recipe is in 49 collections, many with almost identical wording, the main variations being the option of substituting tin for pewter and mithridate instead of or as well as Venice or London treacle. Many mention the story of the church, and printed sources provided include *The Compleat Housewife*, ‘the Dorchester paper’, the *Gentleman’s Magazine*, the *Daily Post-Boy* and the *London Evening Post*.¹⁸²

The period of nine days after the bite is interesting because that is now reckoned to be the time within which an infected animal is likely to die, and in the US the quarantine period for a biting animal is 10 days.¹⁸³ The ninth day is also the crucial time for performing a remedy recommended by ‘A gentleman of Petersburg in Russia’, who claims that ‘ner [near] the ligament of the tongue of the man or animal bitter by a mad animal... pustules of a whitish hue make their appearance’ and the ‘method of cure consist in opening these pistules or pimples with a proper instrument and making the patient spit out the matter and fluid which runs from these wounds often washing his mouth with salt water’.¹⁸⁴ Salt appears in a recipe, occurring in seven collections, that was said to have been published in the *Gentleman’s Magazine*¹⁸⁵ but was also attributed to ‘Mr Figg the famous prize

¹⁸¹ D5430/50/4, Mary Farewell, 1721–1740s, DRO.

¹⁸² MS 7124, Mary Hammond and Jane Hammond, c.1724, WL; D610/F18, GA; 2667/12/40, WSA; D/P46B/1/4, draft register of baptisms, marriages and burials, Totteridge Parish, 1746–1814, HA; Add MS 72619, household of Sir William Trumbull, late 17th–early 18th centuries, BL; MS 4992, Anne White, 1778–89, WL.

¹⁸³ <http://www.cdc.gov/rabies/exposure/animals/domestic.html>, accessed 14 July 2014.

¹⁸⁴ MS 7732, WL.

¹⁸⁵ D/P46B/1/4, HA. Perhaps the curate, Bexworth Liptrott (1731–77), was worried about encountering mad dogs when visiting parishioners, as he records three remedies for their bite.

fighter, who often been bit'.¹⁸⁶ It consisted of (literally) rubbing salt into the wound for several days:

As soon as the person has receiv'd the bite let a spoonful or two of common salt be moisten'd in water, observing to make it not too fluid, let some of this be well rubb'd into the wound, & repeated 3 or 4 times a day for a week or ten days, and a compress arm'd with the same laid on, and properly confin'd. If the wound is very little it ought to be dilated, that enough of the salt may be the sooner introduced.¹⁸⁷

That may sound agonising, but washing the wound with running water or saline still constitutes the first course of action after a bite from a suspect animal.¹⁸⁸ A little more background and a variation to this remedy were added to the Totteridge Parish Register:

N.B. Mr Figg at the Rain-bow in the bowling alley Westminster declares that having been bit 6 times by mad dogs, he always cur'd himself ... Nay (tho it is presumption) he offers to be bit by any mad dog as a proof to convince any person, that what he asserts is matter of fact¹⁸⁹

A step further was holding a red-hot poker to the bite until a blister formed, to prevent any discharge from spreading:

Let the wound & surrounding part be first washed with luke warm water to take off the slaver as much as possible. Let the wounded part be cut out with a sharp instrument or burned with a hot iron or aquafortes or oil of vitriol, afterwards let the wound be dressed with a poultice of bread and milk luke warm every 4 hours let the surrounding part be rubbed with mercurial ointment in proportion to their strength and the greatness of the danger.¹⁹⁰

¹⁸⁶ U1590/C43/2, KHC; 332/256, WSA. According to a correspondent of the *Gentleman's Magazine* (August 1760, v. 30, p. 373), the quote from Mr Figg was from the *London Evening Post* c.1730.

¹⁸⁷ HMN 4/5, NRO.

¹⁸⁸ <http://www.patient.co.uk/doctor/human-and-animal-bites>, accessed 16 March 2015.

¹⁸⁹ D/P46B/1/4, HA.

¹⁹⁰ DD\SAS\C/2759/1, SA. In 1885 the mother of a 9-year-old boy who could hardly walk after 14 cauterised dog bites appealed to Pasteur for help, and the subsequent experiments (injecting the dried spinal cords of infected rabbits) led to development of the rabies vaccine; Margaret E. Wood (2010) Biting back, *Chemical Heritage Magazine*,

There were two other main remedies for the bite of a mad dog in the recipe collections. Twenty-six include some version of ‘an infallible cure for the bite of a mad-dog, brought from Tonquin by Sir George Cobb Bart’,¹⁹¹ again with remarkably similar wording, along the lines of:

24 grains of native cinnabar 24 grains of fictitious cinnabar 16 grains of musk mix them up together in a glass of strong wine. Lett the first dose be taken as soon as possible after the bite the second a fortnight after and the third if it be necessary three weeks after the former but if symptoms of madness begin to appear the dose must be repeated three times every 2 hours till the cure is effected¹⁹²

Five recipes note ‘This medicine has been given to hundreds with success & Sir George Cobb himself has cured two persons who had the symptoms of madness upon them.’¹⁹³ A slight variant does not mention Cobb, saying the recipe ‘comes from the missionaries of Tonquin, where Bites of Mad Dogs happen frequently’, and terms the remedy, which omits the musk and uses spirits of wine instead of rum, ‘For madness in a Christian’¹⁹⁴; four of the remedies recommend brandy instead of rum. One adds a note as to administration:

When a person is become raving mad, and refuseth to swallow any liquid he must be held down on his back and have his nostrills pinched close together by which means the medicine may be forced down.¹⁹⁵

<http://www.chemheritage.org/discover/media/magazine/articles/28-2-biting-back.aspx>, accessed 13 July 2014.

¹⁹¹ D1799/E316, GA. Sir George Cobb (1672–1762), 3rd Baronet, lived in Addebury in Oxfordshire, but it is unclear when he visited Tonquin, in present-day Vietnam but then considered part of China, or how he came by the remedy.

¹⁹² 613/325, SRO.

¹⁹³ CR 1998/EB/47, WCRO.

¹⁹⁴ Distilled wine, also known as aqua vita. HMN 4/8/1-2, Hamond of Westacre, 18th century, NRO. Whether the same remedy was applied to the native, non-Christian inhabitants is not recorded.

¹⁹⁵ MS 981, WL.

Only one of these recipes is dated (from the Chester newspaper 20 November 1745¹⁹⁶), but the remedy was printed in newspapers including the *Newcastle Courant* and the *Ipswich Journal* in 1749 and was mentioned in Robert James's *New Method of Preventing and Curing the Madness Caused by the Bite of a Mad Dog*, published in 1741, which claimed Cobb was 'in the service of the East-India Company'.¹⁹⁷ In addition, the same recipe was printed in the *Gentleman's Magazine* in 1738, although without the mention of Cobb and merely saying 'The above Secret was purchased at Tonquin, in the East-Indies, where such Accidents are frequent'.¹⁹⁸

'Dr Mead's recipe' was in 16 recipe collections, one of which notes it was taken from *The Craftsman* of 30 August 1725.¹⁹⁹ Richard Mead (1673–1754) was a celebrated physician, attending both Queen Anne and George II, and his income was reckoned to be as much as £6000 a year.²⁰⁰ His remedy consisted of only three ingredients applied in combination with a regime of bleeding, fasting and bathing:

The medicine is ash-colour'd ground-liverwort, called in Latin, lichen cinereus terrestris, a very common herb, and grows generally in sandy and barren soils all over England: the right time of gathering itt, is in the months of October and November: Take half an ounce of this herb, clean'd, dry'd, and powder'd; two drachms of black pepper powder'd; mix those well together; & divide the powder into 4 doses: after the patient is blooded nine or ten ounces, one of these doses, must be taken every morning fasting, for 4 mornings successively, in half a pint of cows

¹⁹⁶ MS 2767, WL.

¹⁹⁷ p.38, quoted in Vincent DiMarco (2014), *The Bearer of Crazy and Venomous Fangs: Popular Myths and Learned Delusions Regarding the Bite of the Mad Dog*, Bloomington, IN: iUniverse, p.102.

¹⁹⁸ *Gentleman's Magazine*, v. 8, 1738, p. 162, <http://babel.hathitrust.org/cgi/pt?id=mdp.39015009222616;view=1up;seq=170>, accessed 13 July 2014.

¹⁹⁹ CR 341/301, WCRO. There is also a version in the *Gentleman's Magazine* of 1735, vol. 5, p. 163, www.bodley.ox.ac.uk/cgi-bin/ilej/image1.p1?item=page&seq=1&size=1&id=gm.1735.3.x.5.x.x.163, accessed 13 July 2014.

²⁰⁰ Anita Guerrini (2004) 'Mead, Richard (1673–1754)', *Oxford Dictionary of National Biography*, Oxford: Oxford University Press, <http://www.oxforddnb.com/view/article/18467>, accessed 13 July 2014. Hatfield ('Domestic medicine', pp.141–2) notes that Mead published several other remedies for rabies in *A Mechanical Account of Poisons* (1702), and that in fact this remedy originates with a Mr Dampier, although it is most often associated with Mead; see also Table 4.5.

milk warm; after these 4 doses are taken, the patient must go into the cold-bath, or a cold spring, or river, every morning fasting, for a month; he must be dipt all over, but not stay in (with his head above water) longer than halfe a minute; after this, he must go in 3 times a week, for a fortnight longer²⁰¹

Note the effort expended on specifying the precise form of liverwort and where it could be found, since there were several similar plants. A variant incorporates lard instead of milk and is said to have come from ‘John Hurst, late huntsman to the King’s stagg hounds’:

Bleed them the day before. Then take the quantity that lyes on a crown piece of ash-Colour’d liverwort, dry’d and knock’d to powder; add to it half the quantity of black pepper. Mix it up with hogg’s lard, or any thing he like’s to take it in. Take the quantity three mornings fasting together, & fast two hours after he has taken it. It has been a thorough cure ever since I had it, both for man and beast, viz. for seven years.²⁰²

Two recipes combine Mead’s main ingredient with the Cathorp remedy (including sage) to arrive at the following:

Take a large handfull of rue a handfull of red sage & a handfull of ground liver-wort six heads of garlick 2 heap’d spoonfulls of scrapd pewter, one pound of London treacle & 2 quarts of strong ale. Put these into an earthen vessel together. Stir ‘em about, and cover the pot with paste, then set it in watter over the fire, and as soon as it begins to Boile (wch you may find by the heaving of the paste.) set it over a gentler fire to infuse 24 hours. It will keep in a bottle a year. The wound must be drest & bound up with mithridate or V. Treacle The person must take 4 or 5 spoonfulls in a morn fasting & at night for 4 or 5 days together, repeating it at the change & fulls of the moon²⁰³

The instruction in Mead’s recipe to bathe repeatedly may have been intended to prove whether or not the person was infected and had therefore developed the fear of water associated with the disease, but if they had it was a particularly brutal practice, an extreme form of today’s exposure therapy for phobias. The advice from Dutch

²⁰¹ WYL72/134, WYAS.

²⁰² DD/SR/212/32, NA.

²⁰³ U269/F29/1, KHC; an almost identical recipe is found in DE/P/F279, HA.

physician Boerhaave, reported in a late eighteenth-century tract on poisons, was explicit:

the patient is, immediately after receiving the misfortune, to be thrown headlong into the sea, or some river, with threatening words, and other circumstances capable of striking terror into him; for which purpose he is frequently to be immersed in the water, and again taken up; for the good effects are only produced by the dread and consternation into which the mind is thrown.²⁰⁴

In contrast, one recipe collection notes a range of treatment regimes and recommends cold bathing, but stresses the need to avoid ‘all conversation relating to madness in mad dogs’, presumably to avoid auto-suggestion, and instead to encourage ‘[e]xercise, company, & diversions’. A detailed diet is also listed, again illustrating the interrelationship between food and medicine:

The diet is to be light & nourishing neither high seasoned or acrid, in the worst stages, a moderate quantity of wine may increase the inflammation; whereas wine may be of use in the beginning & in a defected state. White meats will suit the stomach best, & milk pottage, water gruel, polenta, that is a decoction of oatbread toasted, & toast & water may be drunk; as likewise an infusion of black currants stalks & leaves, or baum tea, sweetned with black currant jelly; these two last will better suit the inflammatory stages.²⁰⁵

It is worth mentioning two recipes involving the dog that caused the bite. The first is for a person who has been bitten (rather than an animal, since many of the cures were equally applicable to bitten dogs, horses, cattle and so on):

For a man take the liver of the dogg beaten to powder and lett him drinke it for a draft. Take the liver in powder and crabbe claws in powder, mingle them together in milke, and it is good to lett the beast blood²⁰⁶

²⁰⁴ John Prestwich (1775) *Prestwich's Dissertation on Mineral, Animal, & Vegetable Poisons; Containing a Description of Poisons in General, their Manner of Action, Effects on the Human Body, and Respective Antidotes*, London: F. Newbery, p.259.

²⁰⁵ MS 4058, c.1765, WL.

²⁰⁶ CR 1841/5, WCRO. Powdered crabs' claws could be purchased at the apothecary. '[T]he Tips of the Claws of the common Crab broken off at the verge of the black Part', they were 'alkaline Absorbents'; John Hill (1751) *A History of the Materia Medica*, London: Longman,

The other remedy reflects the original meaning of a common proverb:

Take some of the haire of the dogge and dry it on a tile stone & powder it and fill the wound with it²⁰⁷

For all the recipes together, the 15 most common ingredients of the total of 133 (excluding alcohol and water, and 55 only used in one remedy each) are listed in Table 4.5. Many of these are rather different to the mainly purgative and stimulating or soothing ingredients in remedies for the other conditions examined in this chapter.

Table 4.5 Most frequently occurring ingredients in remedies for rabies

Ingredient	No. of recipes	%	Notes
Venice treacle/Mithridate	102	46.36	Both a corruption of theriac, a panacea dating from 1st century AD, supposedly named according to where they were made, but manufactured in London by the 18th century. Theriac contained some 55 ingredients, including powdered viper and poppy juice, and was used in the ancient world as an anti-venom plaster. Mithridate is a simpler version, said to have been developed by Mithridates VI, King of Pontus, in 2nd century BC as a universal antidote to poison. ²⁰⁸

Hitsch, Hawes, p.843. The use of the dog's liver was mentioned by Pliny and 'ash of burnt river-crabs' was part of a treatment for rabies recommended by Dioscorides; King et al., *Historical Perspective of Rabies*, p.5.

²⁰⁷ LM/1379/2-380, SHC. The expression 'the hair of the dog that bit you' dates back at least as far as the 1st century AD and a work by the satirical writer Lucian (King et al., *Historical Perspective of Rabies*, p.7).

²⁰⁸ J.P. Griffin (2004) 'Venetian treacle and the foundation of medicines regulation', *British Journal of Clinical Pharmacology*, 58(3):317–25.

Ingredient	No. of recipes	%	Notes
Rue	83	37.73	A garden shrub, used as a stimulant and to treat parasites such as worms. Part of a rabies treatment from 4th century AD. Diuretic and used in diseases of the spleen. Said to cause inflammation when rubbed on the skin and used in this way to treat headaches, as well the juice being ‘a remedy for that troublesome nervous complaint, the night mare’. ²⁰⁹
Garlic	71	32.27	Used internally as a stimulant, diuretic and sudorific; externally to inflame and blister. Mentioned as a rabies treatment by Dioscorides. An irritant, said to kill worms and to be ‘extremely prejudicial’ to ‘hot bilious constitutions’. Strother claimed ‘Its Use is nearly abolish’d, because it smells so rank’, although he recommended it roasted and ‘thrust into the Passage of the Ear’ for problems with deafness. ²¹⁰
Pewter	56	25.45	An alloy of tin with other metals to make it more durable (hence tin was often listed as a substitute in recipes). Widely used for household goods and employed medicinally to expel parasitic worms. ²¹¹
Cinnabar/mercury	39	17.73	Cinnabar is a mineral, the main source of mercury. Both native and factitious cinnabar are specified in most remedies, the difference being that ‘Native Cinnabar is an Ore of Quicksilver ... Factitious Cinnabar is an artificial Ore; it is Mercury reduced again to this state by an artificial Mixture of Sulphur’. Thiomersal, an organic compound containing mercury, is used in modern rabies vaccines as a preservative and mercury has a degree of antiviral activity. ²¹²
Milk	37	16.82	See Table 4.2.

²⁰⁹ *Ibid.*, p.9; Strother, *Materia Medica*, p.201; Meyrick, *New Family Herbal*, p.401.

²¹⁰ Aiken, *Manual of Materia Medica*, p.11; Meyrick, *New Family Herbal*, p.188; Strother, *Materia Medica*, p.5; King et al., *Historical Perspective of Rabies*, p.5.

²¹¹ Aiken, *Manual of Materia Medica*, p.176.

²¹² James Millar (1754) *A New Course of Chemistry*, London: D. Browne, p.26; Hatfield, ‘Domestic medicine’, p.152.

Ingredient	No. of recipes	%	Notes
Ash-coloured ground liverwort	31	14.09	Mentioned by Aiken as a ‘Supposed specific against the Hydrophobia’. The association with Mead may have been an example of clever marketing, since a 19th-century article in the <i>British Medical Journal</i> dates the remedy to a communication by George Dampier to the Royal Society in 1685, subsequently introduced to the <i>London Pharmacopoeia</i> of 1720 by Dr Hans Sloane, who gave it the name Pulvis Antilyssus. ²¹³
Musk	19	18.45	A secretion from the glands of the male musk deer, used in perfumes for its powerful fragrance, but also as a stimulant and antispasmodic. ²¹⁴
Sage	29	13.18	Another aromatic common herb, used as a tonic. Sage tea was said to be good for ‘disorders of the head and nerves’ and to be diaphoretic. Could also be used as ‘a present Remedy against the Punctures of Wasps or Spiders’. ²¹⁵
Tin	24	10.91	See pewter; an anthelmintic, meaning it was aimed to treat infection with parasitic worms. ²¹⁶
Black pepper	20	9.09	An aromatic used medicinally as a stimulant; the other major ingredient of Pulvis Antilyssus. Meyrick claimed: ‘We frequently neglect things as medicines that we use for food, but there are few things of its kind so strong as pepper, when taken on an empty stomach.’ ²¹⁷
Box	16	7.27	The leaves and roots of a woody shrub. Dried powder from the leaves was said to destroy worms, and oil distilled from the wood was claimed to relieve toothache and heal ulcers. ²¹⁸

²¹³ Aiken, *Manual of Materia Medica*, p.98; C. Leeson Prince (1872) The employment of the lichen cinereus terrestris (of Ray) as a preventive against hydrophobia and rabies, *British Medical Journal*, Oct. 19, 439–40.

²¹⁴ Aiken, *Manual of Materia Medica*, p.113, describes it as ‘a grumous substance found in a bag situated under the belly of an animal of the Deer kind, in Thibet and Tartary’.

²¹⁵ Aiken, *Manual of Materia Medica*, p.158; Meyrick, *New Family Herbal*, p.407; Strother, *Materia Medica*, p.217.

²¹⁶ Aiken, *Manual of Materia Medica*, p.176.

²¹⁷ Aiken, *Manual of Materia Medica*, p.134; Meyrick, *New Family Herbal*, p.367.

²¹⁸ Meyrick, *New Family Herbal*, pp.54–5.

Ingredient	No. of recipes	%	Notes
Salt	15	6.82	Common salt, sometimes called bay salt in the recipes, employed as a stimulant, often in clysters or enemas. ²¹⁹ Also used in some remedies for sore throats and wound treatments, so its antiseptic properties may have been recognised.
Betony	9	4.09	A bitter, aromatic herb, ‘a good Remedy to take off an Head-Ach’. The roots are a strong purgative and emetic, but the leaves are milder and were used for gout and problems with the sight, as well as for jaundice, epilepsy and dropsy. Promotes sneezing, so sometimes smoked as tobacco, and said to kill worms and draw ‘bodies out of the flesh’. ²²⁰
Plantain	9	4.09	An astrigent annual plant whose seeds were used to treat fevers and wounds. The bruised leaves were said to heal ulcers and the dried root to be effective against dysentery. ²²¹

The treatment meted out to the biting dogs themselves was savage, as illustrated in a letter from George Woodward:

We have lately been alarmed with mad dogs in our parish; Mrs Eyston has hanged two, who were bit, two died mad, and she has two more tied up, as they are not sure whether they were bit or no; a little favourite parlour dog of ours was bit by one of here, and I immediately had him hanged; and am determined to have no more dogs, for I never had but one at a time, but have always had ill luck with them.²²²

As there was no effective cure, destruction of any suspect dog was the only means of controlling the disease.²²³ Indeed, in 1760 magistrates in London ordered all dog owners to keep their animals inside for a month, and a bounty was offered for each

²¹⁹ Aiken, *Manual of Materia Medica*, p.156.

²²⁰ Strother, *Materia Medica*, pp.118–19; Meyrick, *New Family Herbal*, p.42.

²²¹ Strother, *Materia Medica*, p.317; Meyrick, *New Family Herbal*, p.376.

²²² Donald Gibson (1982) *A Parson in the Vale of White Horse: George Woodward's Letters from East Hendred, 1753–1761*, Gloucester: Alan Sutton. Letter to his uncle George London, March 8, 1760. See also Chapter 7.

²²³ John Douglas Blaisdell (1995) ‘A frightful – but not necessarily fatal – madness: Rabies in eighteenth-century England and English North America’, PhD thesis, Iowa State University, p.7.

dog killed when discovered in the street, which led to the ‘general massacre’ of up to 2000 animals.²²⁴

Nevertheless, concern was raised about ‘the prevailing Rage of Dog-killing’, which needed to be counter-balanced by consideration of ‘how many are preserved in their health and their property by this devoted animal’s services’ through protection, assistance in hunting and above all friendship.²²⁵ A poem by Oliver Goldsmith in his novel *The Vicar of Wakefield* (1766) comments wryly on the knee-jerk reaction of destruction, his ‘Elegy on the Death of a Mad Dog’ ending:

The wound it seemed both sore and sad
To every Christian eye;
And while they swore the dog was mad,
They swore the man would die.

But soon a wonder came to light,
That showed the rogues they lied:
The man recovered of the bite,
The dog it was that died.²²⁶

Although much was written about rabies and it was a matter of public concern, the number of deaths was very low. In 1760, for example, a year in which ‘madness raged among dogs in London and its neighbourhood’,²²⁷ the *Gentleman’s Magazine* carried numerous different recipes, several letters on the subject and a three-page lead article in the December issue on Dr James’s *Some Account of a Treatise on Canine Madness*, the annual total of people dying after being ‘bit by mad dogs’ in

²²⁴ King et al., *Historical Perspective of Rabies*, p.26; *Gentleman’s Magazine*, vol. 30, 1760, p.495.

²²⁵ *Gentleman’s Magazine*, vol. 30, 1760, p.354.

²²⁶ <http://www.online-literature.com/oliver-goldsmith/2090/>, accessed 14 July 2014. I am grateful to Sara Pennell for bringing this poem to my attention.

²²⁷ George Fleming (2013) *Rabies and Hydrophobia: Their History, Nature, Causes, Symptoms, and Prevention* [1872]. London: Forgotten Books, p.30.

London was 2 out of 244 total casualties and 19,830 burials overall.²²⁸ In comparison, 99 people died by drowning and 65 by falls and other accidents; of deaths by disease, 5230 died from convulsions and 3776 from consumption. Indeed, a correspondent of the *Gentleman's Magazine* the same year reported he had 'taken the pains to examine the weekly bills of mortality for the *last three years*, in which time not *one* person has died of the bite of a mad dog in this great metropolis'.²²⁹

So why were so many recipes for rabies preserved in the recipe collections? One possible reason is the talismanic effect of possessing knowledge that might be of some use if the worst happened, as part of the written 'first aid kit' that a comprehensive recipe collection represented.²³⁰ However, a potentially more intriguing cause is the condition of 'hysterical rabies' discussed by Blaisdell, in which the symptoms of hydrophobia occurred in someone who had merely been scratched or licked by a suspect animal, or even in extreme cases as a result of reading it about it in the newspapers.²³¹ What we would now recognise as classic media manipulation is described by a correspondent of the *Gentleman's Magazine* who complained about the slaughter of dogs:

A dread of mad dogs is the *epidemic terror* which now prevails, and the whole nation is at present actually groaning under the malignity of its influence. ... A lady, for instance, in the country, of very weak nerves, has been frightened by the barking of a dog: the story spreads that a *mad dog* had frightened a lady of distinction; in the neighbouring village the report is, that a lady of quality was *bit* by a mad mastiff. This account every moment gathers new strength, and grows more dismal as it approaches the capital, and by the time it has arrived in town, the lady is described

²²⁸ *Gentleman's Magazine*, vol. 30, 1760, <http://catalog.hathitrust.org/Record/000542092>.

²²⁹ *Gentleman's Magazine*, vol. 30, 1760, p.465.

²³⁰ A point made by Pennell & DiMeo, 'Introduction', p.14.

²³¹ Blaisdell, 'Frightful – but not necessarily fatal – madness', p.5.

with wild eyes, and foaming mouth, running mad upon all fours, barking like a dog, biting her servants, and at last smothered between two beds...²³²

The atmosphere of paranoia surrounding any possible biting incident was thus whipped up by the press and the severity of cases magnified, no doubt influenced by their own interest in gaining more avid readers and the advertising of patent remedies that they featured in their pages. It is therefore all the more surprising that none of the manuscript recipes is for what was known as the ‘Ormskirk Medicine’. The composition of this proprietary powder was shrouded in secrecy, but an eighteenth-century analysis established that it contained chalk, Armenian bole, alum, elecampane and aniseed oil.²³³ Armenian bole and elecampane do occur in the recipe collections in two remedies each, but nowhere are these ingredients mentioned together. The Ormskirk Medicine was popularised by a William Hill of that town in Lancashire, the recipe having been given to his father in 1704 by a tinker.²³⁴ He achieved a great deal of success by selling the preparation, which attained the reputation of being infallible, ‘*one single draught of which without any bathing in salt-water, or other outward application, effects a perfect cure*’, as a correspondent of the *Gentleman’s Magazine* wrote, recommending the medical faculty purchase the details for the good of the public.²³⁵ Certain members of that faculty were not impressed – James Makittrick Adair’s (1728–1802) *Essays on Fashionable Diseases* analyses the ingredients of many nostrums and notes dismissively:

The celebrated Ormskirk medicine was formerly called Palmarius’s powder, from the physician who first prescribed it; but the prescription is not here inserted:

²³² *Gentleman’s Magazine*, vol. 30, 1760, pp.353–4.

²³³ W.R. Hunter (1968) William Hill and the Ormskirk Medicine, *Medical History*, 12(3):294–7.

²³⁴ DiMarco, *Bearer of Crazy and Venomous Fangs*, p.91.

²³⁵ *Gentleman’s Magazine*, vol. 3, 1760, October, p.466, italics in original.

because it has been found to be totally ineffectual for the cure of the bite of mad animals, and therefore the discovery of the Ormskirk composition might lead those persons who rely upon it into a fatal error.²³⁶

The fact that other people may have claimed ownership of the Ormskirk Medicine or been selling a rival rabies preparation is attested to by newspaper advertisements in the 1770s stating ‘Please to be particular in asking for Mr. Hill’s Ormskirk Medicine, and observe that every Dose is sealed with his Coat of Arms’, appended with a ‘certificate’ from the Vicar of Ormskirk asserting ‘it is my Duty, for the Sake of Mankind, and to prevent the Public being injured by any anonymous Impostors’ to certify he had only known William Hill and his grandfather to prepare the medicine.²³⁷ A renowned patent medicine could be a real money-spinner: the 1767 will of a Thomas Holland of Pendleton, Lancashire notes: ‘I am in the possession of a receipt for the curing or preventing any bad effects by the bite of a mad dog and make up medicines by it from the sale of which considerable benefit arises’, and this was entrusted to his wife and children.²³⁸ Pendleton is only some 30 miles from Ormskirk, so perhaps he was one of the rival manufacturers cashing in on Hill’s fame.

Despite the vicar’s assertion to the contrary, Amanda Vickery reports that Hill was in partnership with his friend Robert Parker (1720–58) of Colne, Lancashire, who had studied medicine at Cambridge.²³⁹ Yet another letter to the *Gentleman’s Magazine*, this time in 1753, notes that this ‘certain and speedy remedy

²³⁶ James Makittrick Adair (1790) *Essays on Fashionable Diseases*, London: T.P. Bateman, p.195.

²³⁷ *Derby Mercury*, 30 October 1772.

²³⁸ DX 1571, 22 August 1767, LRO.

²³⁹ Amanda Vickery (1991) ‘Women of the local elite in Lancashire, 1750–c.1825’, PhD thesis, Royal Holloway and Bedford New College, London University, pp.175, 208; *Gentleman’s Daughter*, p.154.

for that dreadful distemper’ was given to Mr Parker’s father by ‘another gentleman that lives at *Ormskirk* in *Lancashire*’, by implication William Hill. Parker’s involvement was hands-on, as we know from an undated letter to his wife Elizabeth (probably before their marriage):

Abt an hour ago ... a servant of Sir Ralf Milbanks came for 60 Medicines, & another for 6 more which has to my no small mortification prevented me waiting on you, not having above 20 by me; & thinking it wd be ill usage to reduce sending them not withstanding my engagement to meet you ... will be with you [tomorrow] if I can possibly make the medicine up by 11 a clock...²⁴⁰

After his death, Elizabeth Parker (later Shackleton) carried on producing the medicine and subsequently involved her son John Parker; while Robert sold the medicine only to personal callers, she extended distribution through deliveries as far north as Scotland and as far south as Nottinghamshire,²⁴¹ which may have occasioned the possible conflict with the Hill family. Unfortunately no recipe book of Elizabeth Parker’s appears to have survived, but we are told in a letter from her friend Bessy Ramsden’s husband William that ‘Mama’s kitchen physick will do [her son Robin] a thousand times more service than doctor’s stuff’,²⁴² so it is evident she ranged beyond the rabies medicine that helped earn the family’s living and whose ingredients she kept from public knowledge. Similar secrecy surrounded another well-known proprietary medicine, Daffy’s Elixir.

²⁴⁰ DDB 72/39, LRO.

²⁴¹ Vickery, ‘Women of the local elite’, p.222 fn3; *Gentleman’s Daughter*, p.154.

²⁴² DDB 72/262, LRO, letter dated 27 July 1775.

Daffy's Elixir

One commercial medicine for which there are several recipes (63) in the collections I have researched is Daffy's Elixir. In this discussion I am building on Haycock and Wallis's research into the account book of Anthony Daffy of London, an apprentice shoemaker with whom the Elixir is most associated; in addition to the financial information, they investigated 19 recipes from seventeenth- to nineteenth-century sources, mainly print.²⁴³ Also called Elixir Salutis or the elixir of health, this preparation was in manufacture until the twentieth century²⁴⁴ and was one of the first branded products, although its origins are somewhat obscure. The descent of this lucrative business through the various branches of the Daffy family is tortuous, but is revealed through their various newspaper advertisements attesting to the veracity of their product, outlined in Appendix 3.

The designation 'Dr' is scattered liberally throughout these advertisements from the original Anthony Daffy down, with little basis in fact. Furthermore, there were several London manufacturers outside the family, including Mrs Cater at the Hand and Eye in Castle-Court, Cornhill, who compares her version, made with 'the best Drugs that Gold or Silver can purchase', with inferior versions 'pretended to be sold at such cheap Prices as cannot be afforded if they used good Ingredients'; Mr Bradshaw, 'under the Back Piazza of the Royal Exchange, the Sign of the Golden Key' offering the product wholesale 'in very Large Half Pint Bottles'; Mr Harrison in 'Prujan's Court, Old Baily' (formerly Anthony Daffy's address), 'who is noted for

²⁴³ David Boyd Haycock & Patrick Wallis (2005) 'Quackery and commerce in seventeenth-century London: The proprietary medicine business of Anthony Daffy', *Medical History*, suppl. 25:1–216.

²⁴⁴ Waddington, *Introduction to the Social History of Medicine*, p.88.

making and selling the finest Daffy's Elixir in the World)²⁴⁵; and Dicey and Co., possibly the 'Lover of Truth' who sent a letter to the *St James's Chronicle* after Mary Swinton had announced a price reduction at the end of the Seven Years' War asking 'may we not justly suspect, that that Elixir must be adulterated and made poorer, to enable to lowering its Price, or that some other Makers of Daffy's Elixir (perhaps Dicey and Co. by keeping their Elixir to its original Goodness...) may be better approved of than Mary Swinton's...?'²⁴⁶

The leaflet issued with the product claimed it was 'Farr beyond any Medicament yet known', a 'Choise Cordial Drink of Health' that could be used for innumerable ailments, including gout, stone and gravel, languishing and melancholy, green sickness, scurvy, dropsy and rickets.²⁴⁷ One of Mary Swinton's advertisements recommends it for 'Pains of the stomach, or bowels, caused by wind, or something indigested, which often for want of immediate assistance increase to an alarming, and sometimes fatal degree', as well as 'cough, sore throat, pain of the head and other parts, fever, &c. as also in gouty, gravelly, dropsical, and many other complaints'.²⁴⁸ Most of the manuscript recipes (59 out of 63) fail to mention a use at all, implying that perhaps the remedy was so well known it did not need explaining or that it was merely being used as a purge. Otherwise it was designated for a narrow range of problems, including colic, digestive disorders, gravel and rheumatism. Daffy's Elixir was also used for horses, and in veterinary manuals the proprietary liquid is frequently mentioned without a recipe.

²⁴⁵ *Country Journal or The Craftsman*, 13 October 1739; *Daily Courant*, 6 September 1734; *Post Man and the Historical Account*, 27–29 August 1719.

²⁴⁶ *St James's Chronicle or the British Evening Post*, 13–15 January 1763.

²⁴⁷ Anthony Daffy (1674) *Elixir Salutis: The Choise Drink of Health*, London, included in Haycock & Wallis, 'Quackery and commerce', p.38.

²⁴⁸ *Morning Post and Daily Advertiser*, 28 August 1776.

It is noticeable from the newspaper advertisements and bequests that the exact formula for the Elixir was continually kept a secret and the remedy was not patented, which Mary Swinton stressed was ‘to prevent the preparation becoming public, as all patent medicines do’.²⁴⁹ This avoidance of patenting was not unusual for manufacturers of proprietary medicines, who wanted both to prevent competitors copying their formulas and also to avoid the public realising just how common the ingredients were.²⁵⁰ As Porter notes, ‘It was of the essence of quack medicines that their contents were kept secret from the public.’²⁵¹ What is also interesting is that despite the claimed secrecy and availability of the remedy to buy, several recipes still appear in manuscript collections. However, it means we cannot now be sure which of the numerous varieties that have come down to us is the most accurate or authentic.

The manuscript recipes for Daffy’s Elixir are heterogeneous and it is difficult to trace most of them to any printed source. Two may have been based on the recipe in the *Pharmacopoeia Londonensis* of 1724²⁵² and another has the same ingredients as the version in a popular seventeenth-century recipe book,²⁵³ although the two sets

²⁴⁹ *Morning Chronicle and London Advertiser*, 1 June 1775.

²⁵⁰ That was certainly the case for the Ormskirk Medicine, mentioned in the previous section, about which a correspondent to the *Gentleman’s Magazine* wrote that letting the details be known only to members of the faculty would ‘preserve its reputation by concealing from the patient the simplicity of the remedy from which he receives his cure’ (letter dated 10 September, vol. 3, 1760, p. 466).

²⁵¹ Porter, *Quacks*, p.126. See also Digby (*Making a Medical Living*, p.62), who notes that “‘secret remedies’... were central to [the] entrepreneurial success’ of quackery.

²⁵² Translated in John Quincy (1727) *The Dispensatory of the Royal College of Physicians in London*, 2nd edn, London: J Bettenham, p.24. Its presence in this official list of medicines is interesting in itself, although there is no mention of Daffy by name, indicating that the apothecaries and physicians who used the *Pharmacopoeia* wanted to offer their patients a version of this popular proprietary medicine. D3549/8/1/5, Sharp family, early 18th century, GA; there is also a version in MS 8468, WL.

²⁵³ T.P. (1696) *The Accomplish’d Ladies Delight, in Preserving, Physick, Beautifying, and Cookery*, 7th edn, London: Benjamin Harris, p.64. Widely attributed to Hannah Woolley, but the Preface is signed T.P. and her name does not appear; there is a detailed discussion in

of recipes have different text and proportions (brandy and aqua vitae are substituted in both):

Elixir Salutis

Elixir of Health

Take of Sena Leaves cleared of their Stalks four Ounces; of Guaiacum Chips, of dry'd Elicampane Root, of the Seed of Anise, Caraway, Coriander, and of Liquorice Root, each two Ounces; of Raisins stoned eight Ounces; of French Brandy six Pints. Steep them together cold for four Days, and then strain out the Spirit for use. *Dispensatory*

A true Receipt for making that Famous Cordial-Drink, known by the Name of Daffy's Elixir Salutis. As it was given by him to Sir Richard Ford, when Lord-Mayor of London

Take of Anniseeds, Coriander-seeds, Sweet Fennel-seeds, Parsley-seeds, of each two Ounces; or Spanish Licorish two Ounces; Senna two Ounces; Rhubarb two Ounces; Elecampane two Ounces; Guaicum two Ounce; Sixpenniworth of Saffron; and one pound of Raisins of the Sun stoned: Mix these all together, and put them into three quarts of the smallest Aqua-Vitae, in a Stone or Glass Bottle; let it stand and infuse fourteen Days (at least, but the longer the better) near the Fire, that it may receive some warmth, for it will infuse the better and sooner: then pour off your Liquor into a Vessel, and take your Drugs and press them as dry as you can, and put the Liquor you squeeze out to the other; and to Bottle it up for Use. *Accomplish'd Ladies Delight*

Elixer Salutis

Enula campanna roots sliced, liquors sliced, aniseeds coriander seeds, orientall senna guajacum brused, carraway seeds, of each of these, 2 ounces, of the raisons of the sun ston'd one pound; putt all these into a bottle of a gallon, adding thereto 3 quarts of the smalest aqua vitae, stop the bottle close and lett it stand infusing 4 days stirring it strongly, 3 or 4 times a day and then it is fitt for use. D3549/8/1/5

The receipt for elixir salutis

Take senna 2 ounces and a halfe; rhubarb sliced 3 drams quaicum 2 ounces; liquorish split and cutt 1 ounce Anniseeds parsley seeds sweet fennel seeds coriander seeds brused of each halfe an ounce; Roots of Elecampane sliced 1 ounce; Reysons of the sun stoned halfe a pound, Brandey a quart and halfe a pint – Infuse them in a bottel or vessel close stopt for 48 howers then straine it off for use the dose. 332/256

More closely related are two manuscript examples taken from E. Smith's *Compleat Housewife*, one from the Wrights of Eyam Hall in Derbyshire,²⁵⁴ the other, which Smith calls the 'true receipt', from the Penruddockes of Compton Chamberlayne in Wiltshire:

To make Daffy's Elixir

Take of Elecampane-roots sliced, and Liquorish sliced, of each 2 ounces; Aniseeds, Coriander-seeds, and Carraway-seeds, of each two ounces; oriental Sena, Guaiacum bruised, of each 2 ounces; Rhubarb, 1 ounce; Saffron, 1 dram; Raisins of the Sun stoned, 1 pound. Put all these in a Glass-bottle of a Gallon, adding to it 3 quarts of white Anniseed-water: Stop the Bottle, and let it stand infusing 4 days, stirring it strongly 3 or 4 times a day; then strain it off, and put it into Bottles cork'd very well.

The Compleat Housewife, p. 299

To make the true Daffy's Elixir

Take 5 ounces of Anniseeds, 3 ounces of Fennel-seeds, 4 ounces of Parsley-seeds, 6 ounces of Spanish Liquorish, 5 ounces of Sena, one ounce of Rhubarb, 3 ounces of Elecampane, 7 ounces of Jallap, 21 Drams of Saffron, 6 ounces of Manna, 2 pounds of Raisins, a quarter of an ounce of Cochineal, 2 gallons of brandy; stone the Raisins, slice the Roots, bruise the Jallap, put them all together, keep them close covered 15 days, then strain it out.

The Compleat Housewife, p.241

To make Daffy's Elixer

Take of elecampane roots sliced, and liquorish sliced, of each two ounces; Aniseeds, coriander seeds, and carraway seeds, of each two ounces; oriental sena, guaiacum bruised, of each two ounces, rhubarb, one ounce; saffron, one dram; raisins of the sun stoned, one pound. put all these in a glass bottle of a gallon, adding to it three quarts of white anniseed water: stop the bottle, and let it stand infusing four days, stirring it strongly three or four times a day; then strain it off, and put it into bottles cork'd very well. D5430/50/13/1-89

The true copy of the originall receipt of making daffeys elixar

Take 5 ounces of anniseeds three of fennell seeds 4 of parsley seeds 6 ounces of Spanish liquorish five ounces of sena 4 of rubarb 3 of Ellicompane 7 of Jollup 6 of manna a quarter of an ounce of cochineel 2 drams of saffron two pound of raisons and two gallons of brandy Slice the Liquorish Stone the raisons bruis the Jollup Slice the Rubarb put altogether and keep it close stopt 15 days then strain it off you may take 2 spoonfuls att night and one in the morning as you find it work. 332/256

The second 'true original receipt' is attributed in two manuscripts to Lady Martha Finch, part of a prolific recipe-collecting family discussed in Chapter 6:²⁵⁵

²⁵⁴ A variant with manna instead of saffron appears in MS 1320, WL.

²⁵⁵ Harriett Fox (WYL72/134, WYAS) was the daughter of Lady Elizabeth Finch (c.1679–1757).

Daffys elixir The true original receipt

of annyseeds	5 ounces
of fennel seeds	3 ounces
of parsley seeds	4 ounces
Spanish liquorish	6 ounces
senna	5 ounces
rhubarb	4 ounces
elicampane	3 ounces
jollap	7 ounces
manna	6 ounces
saffron	21 drams
raisons	2 pound
coschenele	¼ ounce
brandy	2 gallons

Slice the liquorish, stone the raisons, bruise the jollap; then put them all together, & keep them close cover'd 15 days; and then strain it off

N:B: they must be put in a very large stone jug, that holds 2 gallons; & so as to lye with ease & the ingredients not crowded

WYL72/134

The true Original Receipt of Dafys Elixir

Of aniseeds	5 ounces
Fennel seeds	3 ounces
Parsly seeds	4 ounces
Spanish Liquorish	6 ounces
Senna	5 ounces
Rhubarb	4 ounces
Elicampane	3 ounces
Jollop	7 ounces
Manna	6 ounces
Saffron	2 ounces
Raisons	2 pounds
Cochineal	1/4 an ounce
Brandy	2 gallons

Slice the Liquorish, stone the Raisons, bruise the jollop, then put all together & keep them close covered 15 days & then strain it off.

Add MS 29435

The same recipe occurs with slightly different proportions of ingredients in a tiny book in the Herefordshire Record Office:

Take of anniseeds 3 ounces fennel seeds 3 ounces parsley seeds 4 ounces Spanish liquorish 6 ounces senne 5 ounces rhubub one ounce elecampane 3 ounces jallop 7 ounces manna 6 ounces saffron drams raisons 4 pound chochanell one quarter of an ounce brandy 4 gallons Slice the liquorish stone the raisons & bruise the jallop then put all together & keep it close cover'd 15 days then strain it out²⁵⁶

The only other duplications are in the various books belonging to the Wright family of Eyam Hall in Derbyshire, where two identical recipes are attributed to Mr Taylor and two further, simpler recipes are also the same.²⁵⁷

Taking all 63 remedies for Daffy's Elixir together, the 10 most common ingredients of the total of 48 (excluding vehicles such as alcohol and water, and 26 only used in one or two remedies each) are listed in Table 4.6. It is noticeable that

²⁵⁶ BC 558/1-3, Biddulph Family, 18th century, HRO.

²⁵⁷ D5430/50/3, Jane Farewell Wright, 1719–c.1800, DRO; D5430/50/4, DRO; D5430/50/13/1-89, DRO.

these are almost the same as the top 10 ingredients in recipes for gout, indicating the mainly purgative function of the remedies.

Table 4.6 Most frequently occurring ingredients in remedies for Daffy’s Elixir

Ingredient	No. of recipes	%	Notes
Raisins	63	100	Sweetening and laxative; see Table 4.1.
Senna	63	100	Purgative; see Table 4.3.
Liquorice	62	98.41	Sweetening and laxative; see Table 4.1.
Aniseeds	57	90.48	Stimulant and to relieve colic and flatulence; see Table 4.1.
Elecampane	56	88.89	Also known as enula campana (as in one of the recipes quoted above); see Table 4.1.
Coriander seeds	50	79.37	Stimulant and purgative; see Table 4.3.
Guaiacum	47	74.6	Stimulant and sudorific; see Table 4.3. In these recipes the bark is used.
Rhubarb	39	61.9	Tonic and purgative; see Table 4.3.
Fennel seeds	24	38.1	Stimulant and diuretic; see Table 4.3.
Caraway seeds	20	31.75	An aromatic seed, diuretic in effect. Oil of caraway was used for diseases of the womb and stomach, caraway water to treat giddiness. A poultice of the bruised seeds was said to be effective in treating bruises and the seeds themselves to be ‘no despicable remedy for slight paralytic complaints’. ²⁵⁸

The preparation was described in many printed sources as tincture of senna, and senna together with liquorice and raisins occurs in almost all the recipes. Thus what they had in common was a purgative effect of varying strengths. *The Ladies’ Friend, and Family Physical Library* notes of a recipe for Daffy’s Elixir: ‘This is an agreeable Purge, and nothing more can be useful than to keep it ready made for

²⁵⁸ Strother, *Materia Medica*, p. 288; Meyrick, *New Family Herbal*, p. 81.

family use.’²⁵⁹ Since no medicine at this time could really be said to ‘cure’ any disease, people placed their faith in those that had a demonstrable result, an action on the body that stood as a proxy for the remedy’s power.²⁶⁰ Where recipes for Daffy’s Elixir differ from those for a simple tincture of senna or rhubarb, which would have had the same effect, is in their inclusion of a multiplicity of other ingredients, whether additional purgatives, flavourings or colourings, to make them greater in effect, but also in order to add psychological weight – through force of numbers – to their supposed function as a panacea.

Individual compilers noted possible modifications to the recipes they recorded, implying the inclusion of some of these extra ingredients was a matter of personal taste, or how strong one wanted the purge to be. For instance, in Mrs Erskine’s recipe for Daffy’s Elixir, elecampane, aniseeds, carraway seeds and coriander seeds are underlined, with the note: ‘N.B. the ingredients mark’d underneath may be left out’.²⁶¹ These are stimulants or diuretics, actions that may not always have been required. The Waller family recipe records ‘If you please you may add 1 oz of rhubarb’,²⁶² while the Penruddockes offer the option of adding 4 ounces of coriander seeds to E. Smith’s recipe.²⁶³ Intriguingly, a further recipe in the latter collection, ‘from Mr Hunts Pocket Book’, carries the note: ‘To the drugs, & settlement you may put a gallon of brandy to keep them till the next making. This I presume in case of sale.’ It is not clear whether Mr Hunt was an apothecary, but if not this is a hint at a trade in domestically produced versions of the Elixir,

²⁵⁹ S. Freeman (1787) *The Ladies’ Friend; and Family Physical Library*, 5th edn, London: S. Freeman, p.435.

²⁶⁰ Wear, *Knowledge and Practice*, p.85.

²⁶¹ 613/219, DRO.

²⁶² CR 341/300, WCRO.

²⁶³ 332/256, WSA.

comparable to those for rabies remedies discussed in the previous section. An eighteenth-century estimate of the cost of 2 quarts of an unspecified recipe was 7d per half pint,²⁶⁴ whereas the ready-made product was sold in the 1770s for 5s 3d and 6s per pint (peacetime and wartime, respectively),²⁶⁵ so for a frequent user it would have been considerably cheaper to make than to buy.

Daffy's Elixir is thus an interesting example of the interplay of the domestic and the commercial in the eighteenth-century medical market. It is just one of many proprietary and patent medicines that were recorded in recipe form in manuscript collections, others including Lucatelli's Balsam²⁶⁶ (68 recipes) and the Lady Allen's Water²⁶⁷ (23 recipes). The very number of recipes indicates at the very least curiosity about the ingredients in popular medicines, as well as an active exchange of information about them. Their presence is also confirmation of Smith's assertion that 'polychrest' remedies were frequently collected and employed in particular as "blanket" remedies', useful when it was impractical to monitor the effects of individual ingredients.²⁶⁸ After all, while we may view such a nostrum as a 'quack' medicine, the manuscript recipes for it reveal it would have functioned as a purgative in the same way as many other domestic – or indeed, 'professional' – remedies.

²⁶⁴ Haycock & Wallis, 'Quackery and commerce', p.15, citing George Weddell (ed.) (1890) *Arcana Fairfaxiana Manuscripta*, Newcastle on Tyne: Mawson, Swan & Morgan.

²⁶⁵ *Public Advertiser*, 8 January 1779.

²⁶⁶ Formulated by Italian Lodovico (sometimes called Matthew) Lucatelli in the seventeenth century as a specific against the plague, this functioned as 'exelent for many things' (MS 3712, WL), but particularly 'coughs, consumptions, & spitting blood, or inward ulcers... all wounds, sores, or ulcers... good for burns when the fire is out' (MS 1320, WL). Apparently, 'The saied Lucatelly, to give satisfaction to the people of the goodness of the said balsome, not onely cured himself therewith, being scalded with scalding grease of porke, & another time with scalding lead; but also healed himself with it, after he had peirced himself thorough the flesh of his owne side with a sword, in the presence of diverse people'; MS 7892, WL.

²⁶⁷ A cureall of unknown provenance, said to be good 'against all pestilent diseases, pox, measells, surfits, or casting, & many other diseases' (MS 3712, WL).

²⁶⁸ Smith, 'Women's health care', pp.67–8.

What differentiated a preparation such as Daffy's Elixir from one prescribed by a physician or recommended by an acquaintance lay in the aggressive promotion of the 'virtues' of the commercial variety and its production for profit. Physicians and apothecaries were in business too, but they had other ways of earning money in addition to the provision of medical services or ingredients. As Porter's pithy phrase has it: 'The quack was to the physician what the hack was to the poet, and the pretender the king.'²⁶⁹ If a version was not being made at home, the Elixir could be purchased from the apothecary or stationer (or even by post), in much the same way as pain relief or antacid tablets might be bought today, and was a relatively new kind of 'luxury' product with a similar growth explosion to the consumption of tea, coffee and chocolate.²⁷⁰ Whether the possessor of a recipe for Daffy's Elixir merely desired to know what was in the commercial variety they continued to take, wished to make the preparation themselves to avoid adulteration or wanted to be able to ask their physician for something similar, other people were still making money – sometimes significant sums – out of the nation's 'self-dosing habit'.²⁷¹

Differences by sex and age

It is clear from recipes for all kinds of conditions that little overt differentiation was made between men and women in the application of an individual remedy. Specific instructions mentioning a particular sex are rarely included, and when they are it is usually in the context of women tending to be smaller than men and so a lesser quantity of the medicine being appropriate; when this occurs, children (and even

²⁶⁹ Porter, *Quacks*, p.16.

²⁷⁰ Porter, 'People's health', pp. 124–42; Haycock & Wallis, 'Quackery and commerce', p.2.

²⁷¹ Porter, *Quacks*, p.45.

animals) are sometimes listed in the instructions as well. This frequently occurs with remedies for hydrophobia, as in this example:

To a man or a woman in the morning fasting. One large table spoonful, in a little gruel, white wine whey or warm ale.

To children a quantity in proportion to their age. Observe to refrain from any food for three hours after taken.

To a horse, or cow, two spoonfulls, in warm water, or mixed in butter.

To a hog, one spoonful and half.

To a dog, one spoonful.²⁷²

In general the remedies have broad suitability, as signalled in such comments as ‘trust to this for thear was never man woman or child that it deceived’, or in the use of ‘man’ in the place of ‘human’, as in these examples: ‘A plaster for one that hath a consumption and vomits up what he eats or drinks’, ‘For a pearl in a man’s eye & to clear the sight’ or ‘To destroy earwigs in a man’s ear or any other worms’.²⁷³ Otherwise, in almost all instances the recipes refer to ‘the patient’, ‘the party’ or ‘you’ with no gender specification. For example, the Pares family book is very direct on some occasions, such as ‘A diet for deafness’, which begins ‘You must not eat garlick nor leeks. You must keep out of the heat of the sun’; and uses the third person in others: ‘let the sick drink thereof & it will help him’ or ‘anoint the patient therewith’.²⁷⁴ Some recipes employ a mixture, such as this ‘certaine remedy to loosen the belly’, which begins in the third person – ‘if the party be not troubled with the cough’ and ends in the imperative – ‘take it in the morning fasting’.²⁷⁵ On

²⁷² WYL72/134, WYAS.

²⁷³ D5430/50/13/1–89, DRO; D5336/2/26/9, DRO.

²⁷⁴ D5336/2/26/9, DRO.

²⁷⁵ J38/92/10, HRO.

occasion a neutral term is used when in fact only one sex could be meant, such as ‘though the person be with child’.²⁷⁶

MS 4054, dating from the beginning of the eighteenth century, is typical in being broadly gender neutral. Its recipe for ‘The Lady Allins water’ states ‘the doze is 2 or 3 spoonfuls to a child & 5 or 6 to a man or woman’; for ‘Gascoins powder’, ‘you must give to a child 5 or 6 grains att one time to men or women 10 or 13 grains’. Here the differentiation is clearly down to the age and therefore likely size of the patient. Men and women are mentioned separately in some of the recipes but there does not appear to be a difference in application: for instance, ‘Men or women are also to sweat when they take it’ in relation to ‘Dr Burges’s Plage water’; ‘the Countesse of Kent’s pills’²⁷⁷ should be made in different sizes depending on who they are intended for, since ‘To a child you may give a pill of the bigness of a pea, to a man or woman the bigness of a french beane’. A recipe for ‘a great cough in either man or child’ bears no indication that it is specifically for men and not women, therefore it is probable the description is used generically to indicate an adult. Of course, recipes have some applications that could only be appropriate for women, such as using ‘Palsy balsom’ for ‘fitts of the mother’ or ‘A glister to stay a loosness for a woman that layes in’, although often they have multiple uses, such as Dr Knowlles plaster, which when ‘Laid to the belly... causes the termes [menstruation]

²⁷⁶ R 47460/615/R 24, BJL.

²⁷⁷ A remedy with exotic ingredients that was itself gender associated, being, as Michelle DiMeo and Joanna Warren point out, one of the first printed recipes to be associated with a celebrity female practitioner, albeit that *A Choice Manuall, or Rare and Select Secrets in Physick and Chyrurgery* was not published until 1653, two years after the death of Elizabeth Talbot Grey, wife of the Earl of Kent. DiMeo & Warren (2014) ‘The Countess of Kent’s powder: A seventeenth-century “cure-all”’, *The Recipes Project*, 11 February, <https://recipes.hypotheses.org/tag/cure-all>, accessed 23 September 2014; Sam Kinchin-Smith (n.d.) ‘The Countess of Kent and a cookbook’, English Heritage, <https://www.english-heritage.org.uk/discover/explore/stuarts/countess-of-kent/> (accessed 25 January 2015).

& makes apt to conseption’, but also can be used for colic, stomach pains, aches, sores and weak eyes in either sex. A recipe that does differentiate by gender is Mrs Hawes’ for an ague: ‘Take for a man’s ague a woman’s water, for a woman a man’s[,] bruise some peper boile it to a good thickness, spread it on leather lay it upon the veines of the wrist, so bind it hard’, although the physiological reasoning is not explained. A variant of this idea is found in a recipe book belonging to Anna Reeve:

A certain cure for a violent Scorbutick tumour. If the patient is a girl take the afterbirth belonging to a male child: if the patient is a boy take the afterbirth belonging to a female child: burn the afterbirth to ashes, mix these ashes up with hogg’s lard, and anoint the patient therewith until cured.

She added, rather sceptically, ‘I know an instance of this remedy succeeding, ridiculous as it may seem.’²⁷⁸ This can be compared to a ‘sovereign medicine for the gout’, which dissolved soap and camphor in ‘womans milk that hath a female child if the patient be a man, if a woman, on the contrary’.²⁷⁹ A further example is Mrs March’s remedy for convulsion fits, which featured cooked and powdered moles and noted: ‘the male molds [moles] are best for women & the female for men’.²⁸⁰

Some disorders could be suffered only by one sex, as was of course the case for ‘women’s issues’ such as problems with menstruation, pregnancy and childbirth and the menopause. A recipe book from Warwickshire included ‘a searchcloth for a woman that lies in’ and ‘a glister for a woman when she is lying in nine days’. Similarly, one from Somersetshire had remedies ‘To increase a womans milke’, ‘For an ague in womans brest’ and ‘for the superabundant flux [excess menstrual flow] in

²⁷⁸ MS 2363, WL.

²⁷⁹ D5336/2/26/9, DRO. Presumably the ‘contrary’ is milk from a woman with a male child.

²⁸⁰ MS MSL2, WL. The moles are the animal rather than dermatological variety.

women’.²⁸¹ The recipe ‘For a woman that has a paine in her back’ can be interpreted as a remedy for period pains.²⁸² In addition, Wendy Churchill’s study of early modern physicians’ casebooks reveals that some conditions were more expected of men because of their more active lifestyle, noting ‘men were frequently treated for afflictions such as hernias, as well as external injuries resulting from manual occupations and acts of violence’.²⁸³ Accordingly, the Pares family manuscript listed ‘A special good medicine to heal a broken man or a rupture in his belly’ and ‘A good medicine for a man that is bruised in his bones with staff, fall or pained by cold’²⁸⁴; although again, given the use of ‘he’ in other recipes in this collection, women could be silently included. Indeed, it was not unknown for women to experience violent injuries: an unnamed correspondent of a Mrs Gay notes, ‘I had a girl in my family, which was shott in the upper part of the bigg bone of the legg with a swan shott’, meaning one of large diameter used in shooting wildfowl.²⁸⁵

There are enough references in the recipes to ‘men and women’ rather than ‘grown people’ or more general terms – for instance, ‘A receipt for convulsion fits in men women & children’, ‘For all Infirmities in Men or Women that come by Blasts’, ‘A vomit for an ague for man or woman’²⁸⁶ – to suggest that people at the time understood there may have been some physical differences that warranted separate

²⁸¹ CR/1998/EB/47, WCRO; DD\X\FW1, SA.

²⁸² Add MS 69970, British Library, Coke family, 17th–early 19th century, BL. It is unclear which member of the family compiled this collection of recipes in both English and French.

²⁸³ Wendy D. Churchill (2005) ‘Female complaints: The medical diagnosis and treatment of British women, 1590–1740’, PhD thesis, McMaster University, p.44; see also (2012) *Female Patients in Early Modern Britain: Gender, Diagnosis and Treatment*, Farnham: Ashgate.

²⁸⁴ D5336/2/26/9, DRO.

²⁸⁵ D1799/E316, GA.

²⁸⁶ MS 8450, WL; MS 1340, WL; MS 1320, WL.

treatment.²⁸⁷ This concurs with Thomas Laqueur's suggestion that by the mid-eighteenth century there was a two-sex or dimorphic model of the body, although this evidence is somewhat earlier than that.²⁸⁸ What it does not do is validate his assertion that until that time there had been only a one-sex configuration, in which a woman was seen as a hierarchically lower version of a man,²⁸⁹ which has been questioned by scholars including Patricia Parker and Michael Stolberg, and most recently by Helen King.²⁹⁰ And regardless of that debate, as Karen Harvey points out, sex differences were always present in the flexibility of the humoral system, in which men were predominantly hot and dry, women moist and cold.²⁹¹ Therefore recipes that were heating or cooling would be employed in different ways depending on one's gender as part of one's overall constitution. Indeed, as Londa Schiebinger notes, according to Aristotelian-Galenic theory everything in the world had a gender

²⁸⁷ This is an understanding to which modern medicine has returned only recently. An article in *ScienceDaily* notes that researchers at Padua University Hospital have found significant differences between men and women in the symptoms of cardiovascular disease, responsiveness to chemotherapy, and absorption of substances such as aspirin; De Gruyter (2013) 'Men and women get sick in different ways: Developing gender-specific medicine is a major challenge of the future', *ScienceDaily*, March 22, <http://www.sciencedaily.com/releases/2013/03/130322090850.htm>, accessed 3 December 2013.

²⁸⁸ Thomas Laqueur (1990) *Making Sex: Body and Gender from the Greeks to Freud*, Cambridge, MA: Harvard University Press.

²⁸⁹ He writes: 'the dominant discourse construed the male and female bodies as hierarchically, vertically ordered versions of one sex' and 'It was not, for example, until 1759 that anyone bothered to reproduce a detailed female skeleton in an anatomy book to illustrate its difference from the male. Up to this time there had been one basic structure for the human body, and that structure was male'; *ibid.*, pp.9, 10.

²⁹⁰ Patricia Parker (1993) 'Gender ideology, gender change: The case of Marie Germain', *Critical Inquiry*, 19(2):337–64; Michael Stolberg (2003) 'A woman down to her bones: The anatomy of sexual differences in the sixteenth and early seventeenth centuries', *Isis*, 94(2):274–99; Helen King (2013) *The One-Sex Body on Trial: The Classical and Early Modern Evidence*, Farnham: Ashgate. King states: 'I have found it difficult to identify any historical period in which a "one-sex" model dominated' (p.7).

²⁹¹ Karen Harvey (2002) 'The substance of sexual difference: Change and persistence in representation of the body in eighteenth-century England', *Gender & History*, 14:202–23, p.202; Gail Kern Paster (1998) 'The unbearable coldness of female being: Women's imperfection and the humoral economy', *English Literary Renaissance*, 28(3):416–49, p.416.

that depended on its temperament, so the sun, being hot and dry, was masculine; the moon, being cold and moist, was feminine.²⁹² Water and phlegm dominated the ideal female temperament, fire and yellow bile the male. Women were more passive than men, and therefore more subject to problems with their health.²⁹³ In addition, the human physiology was said to alter as one grew older, women in particular becoming hotter and dryer, and thus more ‘masculine’.²⁹⁴

One effect of this was that the changed constitution made one susceptible to different diseases. For instance, gout was a condition associated mainly with men and post-menopausal women, consistent with current understanding of the disease.²⁹⁵ This would be difficult to discern from the recipes themselves, none of which is sex-specific in its instructions,²⁹⁶ but it is very evident in letters and diaries of the time. Henrietta, Lady Luxborough (1699–1756), complained when in her late 40s:

I was seized with exquisite pain in my right foot, which for three days continued raging ... but seriously, I am quite lame; and though the pain is gone off, the swelling remains so as to oblige me to wear a man’s shoe, and consequently the confinement remains, which is less supportable to me than the pain.²⁹⁷

Sarah, Duchess of Marlborough, wrote in her journal in 1736:

²⁹² Londa Schiebinger (1989) *The Mind Has No Sex? Women in the Origins of Modern Science*, Cambridge, MA: Harvard University Press, p.161.

²⁹³ Sara Mendelson & Patricia Crawford (1998) *Women in Early Modern England: 1550–1720*, Oxford: Clarendon Press, p.20.

²⁹⁴ Churchill, *Female Patients*, p.115.

²⁹⁵ Churchill, ‘Female complaints’, p.44; Porter & Rousseau, *Gout*, pp.4–5. Other than ailments related to the genitals, gout was the first condition acknowledged as affecting almost exclusively one sex, although confirmation of the reason (a difference in uric acid concentration in the blood, which rises in women after the menopause, although not usually to the level of men) was not scientifically possible until the 1930s; see Thomas G. Benedek (1997) ‘Gout in women: A historical perspective’, *Bulletin of the History of Medicine*, 71(1):1–22, p.1.

²⁹⁶ Although one does mention it was ‘made use of by her late Majesty Queen Anne’; Add MS 72619, BL.

²⁹⁷ Letter to William Shenstone, Ash Wednesday 1748/9, in Anon. (1775) *Letters Written by the Late Right Honourable Lady Luxborough, to William Shenstone, Esq.*, London: J. Dodsley, p.83.

I would desire no more pleasure than to walk about my gardens and parks; but, alas! that is not permitted; for I am generally wrapped up in flannel, and wheeled up and down my rooms in a chair. I cannot be very solicitous for life upon such terms, when I can only live to have more fits of the gout.²⁹⁸

For similar reasons, post-menopausal women were sometimes diagnosed with hypochondria, unlike their younger counterparts.²⁹⁹ An example from my research is a letter from a Dr Batt regarding Lady Grandison, who at the time was around 42, reporting: ‘She is still hysteric, or lately rather hypochondriac’.³⁰⁰ Hypochondria was a disorder of the nerves seen as more typical of men, transmuting into hysteria in women³⁰¹; it was a distinct condition, rather than our modern use of the term. The full name hypochondriasis is derived from the hypochondria, ‘[t]hose parts of the human abdomen which lie immediately under the ribs and on each side of the epigastric region’, which contain ‘the liver, gall-bladder, spleen, etc., formerly supposed to be the seat of melancholy and “vapours”’.³⁰² At the time, some physicians considered this kind of condition as having a physiological cause and involving physical as well as psychological pain.³⁰³ Porter and Porter note it had something of the ‘*malade imaginaire*’ about it, and that ‘[t]he hypochondriac thus

²⁹⁸ *Private Correspondence of Sarah, Duchess of Marlborough*, p.197.

²⁹⁹ Churchill, ‘Female complaints’, p.190.

³⁰⁰ CR114A/279, 14 January 1793, Letters to Lord Henry Seymour-Conway of Norris Castle, Seymour of Ragley papers, WCRO. This was probably Dr William Batt (1744–1812), who had an extensive medical practice in Genoa, where the Grandisons were staying at the time. Countess Grandison, née Gertrude Seymour-Conway (1750–93), died in Switzerland some six months later.

³⁰¹ Esther Fischer-Homberger (1972) ‘Hypochondriasis of the eighteenth century – neurosis of the present century’, *Bulletin of the History of Medicine*, 46:391–401, p.391. Barker-Benfield (*Culture of Sensibility*, p.25) considers hypochondria a successor to ‘melancholy’, the term more commonly employed in the sixteenth and seventeenth centuries, although both descriptions are found in the manuscript recipe books, and Churchill (‘Female complaints’, p.194) conceptualises melancholy as an earlier stage of the additional psychiatric condition of mania.

³⁰² “hypochondria, n.”. OED Online. Micale notes: ‘Both hysteria and hypochondria designated disorders of the abdominal viscera... The main difference between the two... was that hysteria afflicted women and hypochondriasis men’; *Hysterical Men*, p.18.

³⁰³ Seale et al., *Medical Knowledge*, p.121; Fischer-Homberger, ‘Hypochondriasis’, p.391.

represented one in whom being sick bred a sickly sensibility, pleasurable as a way of life'.³⁰⁴ Hypochondria in fact became a fashionable affliction among eighteenth-century men: novelist Samuel Richardson (1689–1761) was known to have experienced it and diarist James Boswell (1740–95) wrote essays in *The London Magazine* under the pen name 'The Hypochondriack'.³⁰⁵ American William Austin said of Englishmen, somewhat contemptuously: 'a thousand nervous afflictions have rendered them women without the spirit of women'.³⁰⁶ Nevertheless, mental illness and clinical depression did have serious effects on such prominent figures as Samuel Johnson (1709–84)³⁰⁷ and William Pitt, Lord Chatham (1708–78).³⁰⁸

Its companion hysteria was otherwise known by various terms, including 'the vapours' and 'fits of the mother', the latter indicating the Hippocratic presumption of its origin in the 'wandering womb'.³⁰⁹ In ancient thinking both the womb and the spleen were said to give off putrid vapours, responsible for hysteria and hypochondria, respectively, although only the womb was considered mobile.³¹⁰ One manuscript describes 'mother fits & vapours' as 'known by fainting, & trembling, & uneasiness all over, choaking in the throat, a ball like wind rising to the pit of the

³⁰⁴ Porter & Porter, *In Sickness and in Health*, pp.203, 209.

³⁰⁵ Raymond Stephanson (1988) 'Richard's "nerves": The physiology of sensibility in *Clarissa*', *Journal of the History of Ideas*, 49(2):267–85, p.270; Micale, *Hysterical Men*, p.32.

³⁰⁶ Quoted in Ben Wilson (2007) *Decency and Disorder: The Age of Cant 1789–1837*, London: Faber & Faber, p.22.

³⁰⁷ John Mullan (1990) 'Hypochondria and hysteria: Sensibility and the physicians', in John Mullan (ed.), *Sentiment and Sociability: The Language of Feeling in the Eighteenth Century*, Oxford: Oxford University Press.

³⁰⁸ Pitt's doctor, Anthony Addington (1713–90), recommended a particular preparation as 'a Sedative in hypochondriacal Affections' and also 'the Balm of friendly Society, which is an Antidote to the Poison of Solitude'; letter to Hester Pitt, Lady Chatham, 4 January 1777, in Birdwood, *So Dearly Loved*, p.264.

³⁰⁹ Seale et al., *Medical Knowledge*, p.111.

³¹⁰ Jeffrey M.N. Boss (1979) 'The seventeenth-century transformation of the hysteric affection, and Sydenham's Baconian medicine', *Psychological Medicine*, 9:221–34, pp.222, 224.

stomack, sometimes crying, others laughing, twitchings & struggling’.³¹¹ A remedy notes: ‘when you find the fit coming, give half a spoonfull of it in a spoonfull of beer to a woman, and only ten drops to child’.³¹² It is notable that here women are singled out as suffering from this condition, and the same is true of a recipe ‘To cure the convulsion fits and fits of the mother’, which ends: ‘let her take it in a little white wine and after she hath once taken it: let her continue to take it every morning till all the powder be spent’.³¹³ Lady Mary Wortley Montagu (1689–1762) wrote to Sir James Steuart (1713–80) about the connection with women:

I have seen so much of hysterical complaints – though Heaven be praised I never felt them – I know it is an obstinate and very uneasy distemper, though never fatal, unless when quacks undertake to cure it ... read Dr Sydenham, you will find the analysis of that and many other diseases, with a candour I never found in any other author ... I own I am charmed with his taking off the reproach which you men so saucily throw on our sex, as if we alone were subject to vapours: he clearly proves that your wise, honourable spleen is the same disorder and arises from the same cause; but you vile usurpers do not only engross learning, power, and authority to yourselves, but will be our superiors even in constitution of mind, and fancy you are incapable of the woman’s weakness of fear and tenderness.³¹⁴

Here she refers to the writings of Thomas Sydenham (1624–89), which shifted the origin of hysteria from the womb to the nervous system, and similarly relocated the cause of hypochondria away from the spleen, considering them as one disease.³¹⁵ However, they were still not viewed as solely mental disorders, as Buchan explained:

The low spirits, timorousness, melancholy, and fickleness of temper which generally attend nervous disorders, induce many people to believe that they are entirely

³¹¹ MS 1320, WL.

³¹² 1 Worsley 20, LA.

³¹³ R 47460/615/R 24, BJL.

³¹⁴ Letter to Sir James Steuart, 5 September 1758, in Lord Wharncliffe (1893) *Letters and Works of Lady Mary Wortley Montagu, Vol II*, London: Swan Sonnenschein. Sir James was a prominent economist and the letter concerned his wife, Lady Frances, née Wemyss.

³¹⁵ Akihito Suzuki (1992) ‘Mind and its disease in enlightenment British medicine’, PhD thesis, University College London, p.123; Boss, ‘Seventeenth-century transformation’, p.228.

diseases of the mind: but this change of temper is rather a consequence, than the cause of nervous diseases.³¹⁶

There are only two recipe in the manuscript recipe books for hypochondria, both from the first half of the century, one ‘For hypocondriacal melancholy’ and another entitled ‘A good receipt for hysterick and hypocondrayack distempers’.³¹⁷ The latter would appear to take Sydenham’s view of them being the same disease, but does not distinguish either sex in its application. The association with the nerves is evident in a recipe for ‘Soot drops for hysterical or any nervous disorders’, while a somewhat earlier interpretation is indicated in a remedy ‘For mellincholy vapors of the spleen or mother’.³¹⁸ Otherwise, the compilers confine themselves to remedies for what is variously called melancholy, ‘mother convulsion fitts’, ‘fits or vapours’, ‘convulsions & vapours’ (‘cured’ by ‘the hysterick water’) or hysterick disorders.³¹⁹

Another sex-identified condition, associated with hysteria, was chlorosis or green sickness.³²⁰ The condition was characterised by lack of menstruation, lassitude and altered eating patterns that would now be termed iron-deficiency anaemia (although Loudon also identifies it as a form of anorexia nervosa³²¹) and was seen as afflicting predominantly unmarried women.³²² One remedy of soot in sweetened milk, described as ‘For weakly, young woman’, may have been intended for this

³¹⁶ Buchan, *Domestic Medicine*, p.508, quoted in Suzuki, ‘Mind and its disease’, p.149.

³¹⁷ MS 7976, WL; MS 4759, WL.

³¹⁸ MS 3731, Letitia Owen Mytton, Halston, Shropshire, 1720–49, WL; Me LM 24/1-8, Mellish family of Blyth Hall, early eighteenth century, NUL. The latter recipes may have been collected by Dorothy Gore (1683–1738), daughter of Sir William Gore, Lord Mayor of London, and wife of Joseph Mellish (1675–1733). Other recipes are similar, e.g. ‘An electuary for the mother, spleen and wind that rise about the heart’, MS 1340, WL.

³¹⁹ HMN 4/5, NRO; WYL72/134, WYAS; CR 1998/EB/47, WCRO; U269/F29/1, KHC.

³²⁰ Boss, ‘Seventeenth-century transformation’, p.227. Smith (‘Women’s health care’, p.85) notes that this was the understanding of both physicians and the women in her research.

³²¹ Irvine Loudon (1984) ‘The diseases called chlorosis’, *Psychological Medicine*, 14(1):27–36.

³²² Porter & Porter, *In Sickness and in Health*, p.83.

disorder, which often included pica, or the desire to consume ‘coal, chalk, cinders’ and other indigestible items.³²³ Another remedy incorporated steel:

Take one ounce of stell prepared eighth an forty hourers in whit wine vineger on ounce of nutmegs one ounce of anniseds on ounce of lickerish; all these must be very finely beaten together & scarce then mingle the stel together with it, and give it the patient in the morning fasting, and at fore a clock in the after noone as much of this powder as will ly one a six pence ... it must be lick up dry³²⁴

Chlorosis was described elsewhere as ‘known by a lasiness to stirr, & when they doe short breathed, look pale yellow or green, & the skin all over, often sick fits, & sometimes vomit, seem to languishe faint but no cough’.³²⁵ There is some indication that a small number of young, ‘weak’ or ‘feeble’ men may have been susceptible to chlorosis, perhaps in alignment with the development of a greater sensibility among men that was characteristic of eighteenth-century manners and thus their ‘feminisation’.³²⁶ A Dr Scott described such male sufferers as ‘wan and emaciated, despondent and indolent; averse from both bodily and mental exertion, and wanting resolution to encounter the storms of active life’,³²⁷ which is similar to the manuscript description quoted above, but with an emphasis on the mental effects of the condition.

³²³ 332/256, WSA. I.S.L. Loudon (1980) ‘Chlorosis, anaemia, and anorexia nervosa’, *British Medical Journal*, 281:1669–75, p.1672, ‘Diseases called chlorosis’, p.30.

³²⁴ Add MS 45198, BL, recipe dated 1720; there are other recipes for ‘the steel pills good for the green sickness’ (MS 3082, WL; D 102/15, 18th century, CBS). Steel was used medicinally as an astringent and tonic, and was recommended for ‘hysterical and nervous Disorders’ as well as being a ‘Remover of Obstructions in female Disorders’ – Aiken, *Manual of Materia Medica*, p.71; Robert Colborne (1753) *The Plain English Dispensatory*, London: H. Kent, p.155. It would not have provided iron in a form that would have been available to the blood; Loudon, ‘Diseases called chlorosis’, p.31.

³²⁵ MS 1320, WL.

³²⁶ Barker-Benfield, *Culture of Sensibility*; Stephanson, ‘Richard’s “nerves”’; Helen King (2004) *The Disease of Virgins: Green Sickness, Chlorosis and the Problems of Puberty*, London: Routledge, pp.2, 8.

³²⁷ Quoted in Robert P. Hudson (1977) ‘The biography of disease: Lessons from chlorosis’, *Bulletin of the History of Medicine*, 51(3):448–63, p.452.

A rare instance of an instruction specifically for women is given in Mary Wake's recipe for 'a decoction of the bark' for intermittent agues, where she notes, 'Some people chuse a decoction of the bark... for som women, it is recon'd less stoping: & better'.³²⁸ A clue to the reason is provided by another ague remedy listed as 'For children or tender poeple'³²⁹ – in the humoural system women were thought to be of a weaker constitution and more delicate,³³⁰ therefore on some occasions a milder medicine was required. Children (up to age 14) were considered wet and warm in constitution, which also made them weaker, so age was a factor to be considered alongside sex.³³¹ Middle age also seems to have been a decisive time: there is a remedy for epilepsy that 'will cure absolutely if the party be not above forty years of age' and another for dropsy that 'will cure it at any age under forty'.³³²

Some ailments were seen as affecting children more, such as whooping cough and worms.³³³ Hannah Newton identifies the concept of 'children's physic', which treated children as 'physiologically distinct beings' with different humoural temperaments, rather than merely as small adults.³³⁴ Her study of 39 seventeenth-century manuscript recipe books found 37 containing recipes identified as for

³²⁸ MS 7977, Mary Wake and others, 1730–early 19th century, WL.

³²⁹ MS 1320, WL.

³³⁰ See e.g. Londa Schiebinger (1986) 'Skeletons in the closet: The first illustrations of the female skeleton in eighteenth-century anatomy', *Representations*, 14:42–82, pp.43, 46; Ludmilla Jordanova (1989) *Sexual Visions: Images of Gender in Science and Medicine between the Eighteenth and Twentieth Centuries*, Madison, WI: University of Wisconsin Press, pp.27–8; Robert B. Shoemaker (1998) *Gender in English Society 1650–1850: The Emergence of Separate Spheres?* London: Addison Wesley Longman, p.20; Weissman, 'Gender and illness', p.119.

³³¹ Hannah Newton (2010) 'Children's physic: Medical perceptions and treatment of sick children in early modern England, c. 1580–1720', *Social History of Medicine*, 23:456–74, p.459; Churchill, 'Female complaints', p.179.

³³² MS 7850, WL; MS 3656, WL.

³³³ Williams, *Age of Agony*, pp.61, 63.

³³⁴ Hannah C. Newton (2009) 'The sick child in early modern England, c. 1580–1720', PhD thesis, University of Exeter.

children³³⁵; in my own research this was 106 of the collections (43.98%), 376 recipes in all (1.97% of the total). The recipes included the whooping cough and worms already mentioned, as well as convulsions, rickets,³³⁶ gripes, hernia, oral thrush, teething and purges, together with several for coughs and colds particularly for children. The proportions of child-specific recipes compared to the total in each of those categories are shown in Table 4.7. Surprisingly, for each the percentages for children are quite low, even for conditions normally linked to children such as rickets and whooping cough, although it may be that the application of the recipe was so well known it was not thought worth recording.

Table 4.7 Recipes specifically for children

Condition	Children's recipes	Category total	%
Gripes	19	35	54.29
Hernia	13	64	20.31
Worms	72	381	18.90
Convulsions	40	259	15.44
Rickets	22	171	12.87
Purge	24	279	8.60
Teeth	17	228	7.46
Whooping cough	8	145	5.52
Thrush	17	702	2.42
Coughs/colds	19	1168	1.63

Some of the recipes for children were also described as suitable for elderly people, such as ‘A white powder to cure the wormes or to expell the plague or to cure agues

³³⁵ Newton, ‘Sick child’, p.136.

³³⁶ Including one that recommends ‘Let the child be tost up and down and swung by head and heels, the more the better’; MS 1340, WL.

either in old folke or children’, or ‘For a cough or could in old people or children’.³³⁷ This was because both ends of the age spectrum were considered weak in bodily strength.³³⁸ The state of being elderly started earlier than it does now, at around 55–60 years old, and it was exceptional to live to older than 70.³³⁹ For instance, one recipe for a cough claims it is ‘A medicine that cured an antient person of 61 yeares of age’.³⁴⁰ Other recipes were specifically for the infirmities of old age, for both sexes. Other than remedies for those who were dim of sight or hard of hearing, there were cordials ‘for one that is old’,³⁴¹ ‘Gloucester jelly for an aged or consumptive person’, a remedy for a cough that ‘suits persons who are somewhat in years’ and recipes for treatments ‘For sore legs in old age’.³⁴² Also coming under this category are various remedies for the menopause,³⁴³ and others ‘To make live for ever’ or the ‘elixir of long life’.³⁴⁴

Conclusion

This chapter has demonstrated that, in addition to the breadth of different kinds of recipes outlined in Chapter 3, recipe collections also contained remedies addressing particular conditions in some depth. The range of recipes would have enabled people of different constitutions within the humoural framework to be treated appropriately,

³³⁷ CR 1841/5, WCRO; MS 4056, early 18th century, WL.

³³⁸ Newton, ‘Children’s physic’, p.459.

³³⁹ *Ibid.*, p.458; Williams, *Age of Agony*, p.217.

³⁴⁰ MS 3500, WL.

³⁴¹ MS 7997, WL.

³⁴² MS 4059, late 18th century, WL; MS 7893, WL; MC 443/1, NRO.

³⁴³ For instance, ‘For turn of age’, MS 2767, WL; ‘For time of life’, MS 3656, WL; ‘For old women when it ought to be stoped’, MC 443/1, NRO.

³⁴⁴ D 5430/50/13/1–89, DRO; CR 1841/4, WCRO.

and for there to be sufficient choice for some trial and experimentation until the best solution was found for an individual ailment.

For coughs and colds, an everyday affliction that would have been more than a nuisance without reliable pain relief or decongestants, the remedies were soothing and cooling, with ingredients that promoted expectoration and perspiration. Many were relatively simple and consisted of everyday household ingredients such as sugar, honey, eggs, milk and lemon juice, implying they were likely to have been made up and used. Opiates were also recommended as one of the few effective analgesics available. The remedies for coughs and colds were similar across the collections.

The chronic condition of gout appeared under many descriptions in the manuscripts, implying a familiarity with the various manifestations of the disease. Almost half the collections contained remedies, some of which came from newspaper sources. There were a number of almost identical recipes attributed to various physicians or politicians, a reflection of the affliction's association with high living. The remedies consisted not only of liquid preparations but also plasters, poultices and ointments to relieve the discomfort and calm the inflammation, some of which contained poisonous ingredients. The information recorded on gout also included detailed advice on regimen, in particular diet and exercise, to ward off the occurrence of the symptoms and alleviate them when they did arrive.

Such preventative medicine was shown to be one of the reasons for the inclusion in the manuscripts of recipes for prophylactic diet drinks. Designed as a regular drink with meals and sometimes specified as a general tonic to be taken twice a year, these preparations were also a treatment for scurvy and other conditions. The

recipes themselves were shown to vary a great deal between compilers, reflecting personal preference and perhaps familiarity of use, which was also signalled by notes on manufacture. The most frequently occurring ingredients were all plant derived, although some recipes incorporated insects and metals. Many were antiscorbutic and the way in which some were constructed would have led to a preparation that was rich in Vitamin C, a deficiency of which led to scurvy, although the vitamin itself was not identified at the time.

Rabies was an incurable ailment that caused a great deal of alarm and was represented in almost half the collections. This was a condition for which there were some ‘standard’ recipes, many of which again were shown to come from printed sources and to be surrounded with their own particular ‘folklore’. Details of administration and the associated regime of bleeding, fasting and bathing were noted in many collections. The ingredients for these remedies were, as might be expected, less innocuous than for some of the other conditions, and were designed to cause rather than relieve inflammation and to expel parasites. The chapter also discussed the fear of the disease and its encouragement of money-spinning patent preparations.

Daffy’s Elixir was one of the first proprietary remedies to achieve significant commercial success. The discussion showed that numerous different recipes were recorded, even though the Daffy family went to great lengths to conceal its composition. The most commonly occurring ingredients functioned as a general purgative, which would have given it an effect that ‘proved’ its operation. This was the cure-all, polychrest variety of medicine, one of many commercial preparations for which recipes were kept, reflecting their popularity in the eighteenth-century marketplace.

The final section of the chapter considered the differentiation revealed in the recipes by sex and age. While many remedies appeared to be universally applicable, and some were specifically stated as such, others were for one sex or the other. This did not only concern specifically female recipes for menstruation and pregnancy, but also some for hernias and wounds that were written as being for men. The chapter discussed the association of various nervous disorders with either men or women, but also indicated the not always straightforward picture of contemporary thinking that appeared in the manuscripts. Furthermore, one's life stage could be significant, particularly for women, who became more susceptible to gout and hypochondria as they grew older, and for children, who in humoral thinking were considered to be physiologically distinct and thus subject to their own range of ailments.

The domestic knowledge recorded in these recipe collections has been shown to reflect considerable breadth and also significant depth. This was a flexible body of knowledge that exhibited stability over time and space as well as proving adaptable to the availability of commercial preparations; it also demonstrated a sometimes surprising degree of ambition in addressing a fatal condition such as rabies. The healthcare addressed via these recipes was prophylactic and talismanic as well as being directed at the treatment of specific conditions. The discussion has illustrated that these were not manuscripts kept purely for leisure or pleasure, but were working documents that had a purpose: to assist with the family's healthcare needs wherever possible. However, with such a variety of knowledge in these sometimes very long manuscripts, where did the information come from, and who was going to the sometimes substantial effort to record it? That is the subject of the next chapter.

5: Compilers and Contributors

Who compiled the manuscript recipe books I am investigating in this research? Where did they obtain the information? Did they see themselves as the ‘owners’ of the recipes or did the volumes represent more of a collective endeavour? For those who shared their knowledge with others, what was their motivation: was this altruistic or propelled by other impulses? Were the recipes preserved in only one place or were they copied from one volume to another? To answer these questions, this chapter will investigate the nature and gender of both compilers and contributors and their roles in the assembly of these collections. First, there is a need to examine the terminology, and why I have opted to use the term ‘compiler’ instead of a number of alternatives.

Writer, author, owner or compiler?

It is common to refer to the *writer* of a manuscript, and adding recipes to a book or sheet of paper obviously does require writing (except when a recipe is cut from a newspaper or magazine and pasted in). Nevertheless, writing relates to the physical act, but does not refer to the task of assembling the information or imply any discernment in choosing what to include. Indeed, in some instances someone else performed the writing of much of the volume. For instance, comments by a later member of the family on the first page of one collection record it belonged to ‘Our Great Grandmother Hodges’ and her name is written at the back, but also noted there

is ‘Robert Foster writ this book’.¹ Foster may have been a servant or a scribe employed for the purpose. Or take the example of an anonymous volume in two main hands, which contains notations such as: ‘To help my wife to be a cook/ I write receipts in this her book’.² This husband is not the user of the contents or the one mainly associated with the collection, but he is nevertheless the writer. As another example, in the papers of the Drake family of Shardeloes House, Amersham is a volume with the following memorandum: ‘Delivered to Mrs Broughton on the 4th of July 1793 Fiftyfour Family Receipts by me Wm Drake Jr.’³ It is unclear who Mrs Broughton was, but she was perhaps a cook or housekeeper at one of the wealthy Drake family’s many houses, or a family friend, in which case this was intended as a gift from the writer.

Archer argues that ‘one of the legacies of recipe writing is the woman writer’ or *author*, because through writing and annotating a recipe book a woman could ‘reimagine and re-create’ her domestic world and make ‘housewifery’ a creative endeavour.⁴ In a similar vein, Field views the manuscript recipe book as a ‘textual space that enabled women’s positive expression of the self’. I will discuss recipe books as life writing in Chapter 7, but my research does not reveal the degree of invention of recipes that Field associates with ‘primary authorship’.⁵ In relation to the present discussion, the term author does not seem appropriate as a description because few of the recipes actually originated with the person transcribing them. Furthermore, Mark Rose suggests that authors ‘produce texts through complex

¹ MS 2844, WL.

² MS 7892, WL.

³ D/DR/5/143/2, CBS.

⁴ Archer, “‘Quintessence of Wit’”, pp.116, 120.

⁵ Field, “‘Many hands hands’”, pp.50, 55.

processes of adaptation and transformation'.⁶ Although in recipe manuscripts there is some adaptation through annotation or alternative ingredients and one could say that transformation occurs to a degree in an individual compiler's arrangement of information, there is insufficient of either to warrant the description of author. While authorship at this time was often collaborative rather than individual – think of the many hands involved in the text of a play, or of the 'literary families' such as the Wordsworths described by Scott Krawczyk⁷ – and the collaborative nature of recipe book writing is frequently stressed,⁸ the other people involved in suggesting recipes or in some instances writing them into someone else's book are better described as contributors or donors than authors. In some ways it was the knowledge that was important, and, as will be discussed later, the origin of the recipe was more relevant in terms of signalling its authenticity and reliability than any attempt at creativity. Claims to authorship or professional status, occasionally bogus, may have flourished on the title pages of printed recipe books and similar publications, but here it was family wisdom that was being recorded, in manuscripts not in the main intended for sharing with anyone outside the current holder's informal networks.⁹

Ownership was often proudly stressed by an inscription on the title page, but that could change too. Thus even where the provenance of the manuscript itself is certain, *owner* is not the most appropriate word to employ. Ownership was

⁶ Mark Rose (1993) *Authors and Owners: The Invention of Copyright*, Cambridge, MA: Harvard University Press, p.8, quoted in Harold Love (2002) *Attributing Authorship: An Introduction*, Cambridge: Cambridge University Press, p.32.

⁷ Scott Krawczyk (2009) *Romantic Literary Families*, Houndmills: Palgrave Macmillan.

⁸ Leong, 'Collecting knowledge for the family', pp.81, 84, 96; Field, "'Many hands hands'", pp.50, 54; DiMeo, 'Authorship and medical networks', p.27, see also 'Lady Ranelagh's book of kitchen-physick?', p.343.

⁹ Michelle DiMeo notes that attributions might be employed to claim association with a particular network of people, which was also the fashion in some printed recipe books: 'Authorship and medical networks', pp.40, 41.

temporary and might better be described as ‘stewardship’, with the volume and its contents ‘on loan’ to the current holder, in the understanding that the book would be entrusted to the next generation. There are many examples of the ‘lineage’ of a collection being traced by a family, for instance in a manuscript in Gloucestershire Archives that began with Ann Wither and was subsequently identified with Henrietta Maria Beach, her granddaughter; then the latter’s granddaughter, Mary Jane Hicks Beach; and finally descending in turn to her daughter Eleanor.¹⁰ The fact ownership was viewed as important is indicated by a page from the Johnson family book (not the first page, although different papers indicate this consists of more than one manuscript bound together) which lists as owners Elizabeth Philipps, then ‘Elis Johnson the gift of her Mother Johnson’, then some writing obliterated, followed by the strident assertion ‘Maurice Johnson of Spalding in Lincolnshire claims this Family Book as of right it belongs to him’, implying perhaps there was some dispute over this valuable possession.¹¹ Leong has established that the original compiler was Elizabeth Oldfield, who married first Andrew Philips and then Maurice Johnson. It was then his eldest son by a prior marriage, an antiquary and barrister also called Maurice, whose wife Elisabeth Ambler Johnson was given the book by her mother-in-law.¹²

So *compiler* thus appears to be a more appropriate word to use than writer, author or owner, reflecting the person who not only selected and (in most cases) wrote out the recipes, but in many instances categorised and organised them, as well as commenting on their efficacy or application. However, to talk of *the* compiler of a

¹⁰ D2455/F2/2/4, Anne Wither Beach, 18th century, GA.

¹¹ MS 3082, WL.

¹² Leong, ‘Medical recipe collections’, Chapter 2.

manuscript recipe book is misleading, since there were not only various donors and originators of recipes, but also in almost all instances more than one hand at work in the writing itself, perhaps over a significant period. Field talks about recipe books circulating ‘among a select coterie’ of readers and contributors, acknowledging the hybridity of authorship typical of such manuscripts and how this had the potential to confuse the originator(s) of the recipes and the owner(s) of the texts.¹³ These were ever-changing, organic documents.¹⁴ In a similar way to what might happen to the script of a play, which would be added to and amended to reflect improvements suggested in performance, the text of the recipes could be changed, extended or commented on – or even crossed through, sometimes heavily¹⁵ – if the writer or a later user found an alternative ingredient or method that worked better or established that the remedy did not have the desired effect. Although a particular person might include a substantial number of recipes from one other source, the compiler of which thus operating as what Harold Love terms a ‘precursory author’,¹⁶ the later version may not be a direct or all-encompassing reproduction: the recipes might have been written in a different order or only selected remedies included. The efforts of subsequent compilers and contributors would combine to produce a manuscript that would be unique to that family or group of acquaintances. It is to the compilers of the recipe manuscripts examined in this research that I will now turn.

¹³ Field, “‘Many hands hands’”, pp.54–5.

¹⁴ Organic is a term used frequently by Alun Withey, e.g. ‘Crossing the boundaries’, pp.179, 185.

¹⁵ As are several recipes in HMN 4/5, NRO, for instance.

¹⁶ Love, *Attributing Authorship*, p.40.

Compilers

It is not possible to draw conclusions from the recipe collections I have examined about an ‘average’ or ‘typical’ compiler in terms of demographic characteristics or financial status. In the main, only people from the middling social order and above would have had the resources, both financial and educational, to create such a recipe book, as stressed in Chapter 2; furthermore, the volumes that have survived are mostly in family records donated to archives, the bulk of which tend to come from people with land and money. Literacy levels had increased by the eighteenth century, thus it is dangerous to assume that manuscripts kept by those of a lower status never existed, but they are far less likely to have survived because they would not have had the advantage of preservation in the muniment room of a country house, for example. Print collections did exist whose target readership was servants or those of similar status, such as Eliza Haywood’s *A New Present for a Servant-Maid* (1771), and Rosenberg notes that the readership of Buchan’s *Domestic Medicine* (1769) ‘represented a cross-section of the literate, servant-employing and self-consciously improving middle orders’.¹⁷ Wesley’s *Primitive Physic* was also aimed at bringing healthcare within the reach of everyone, focusing on simple, easily prepared remedies, and the oral tradition of herbal medicine continued well past the end of the eighteenth century.¹⁸ Therefore people at all levels may be said to have had a desire for this kind of knowledge, but the information available about a large number of the collections discussed here precludes that kind of analysis.

Much of the discussion in this thesis so far has been about recipe manuscripts compiled by women. Indeed, writers in this area sometimes assume that recipe books

¹⁷ Rosenberg, ‘Medical text and social context’.

¹⁸ King, *Medical World*, p.37; Hatfield, *Memory, Wisdom and Healing*.

were almost always compiled by women, with men, by implication, evincing no interest in being involved in this aspect of healthcare. For instance, Sherman writes of recipe manuscripts: ‘*Without exception*, women created these texts.’¹⁹ There may be an almost throwaway comment, such as Churchill’s mention of ‘female authored sources such as household medical books.’²⁰ It may also be represented as self-evident, such as Ezell’s description of the way ‘early modern women’s manuscript recipe volumes’ provided ‘accounts of the domestic events of... women’s lives’,²¹ without apparent acknowledgement that the compilers could have been male, or her statement in another source that ‘it was common... in handwritten recipe books to name the person from whom the individual might have received the recipe to include in *her* book’.²² Field discusses ‘women... circulating their recipes’ and continually refers to owners and compilers as ‘she’, without sufficiently taking into account the fact that many remedy books can be identified as compiled by men, or men and women combined, and recipes are often attributed to men.²³ Archer talks about ‘recipe books... [m]apping the mental as well as the physical spaces of women... recipe books were intimately concerned with notions of appropriate female conduct, education and behaviour’.²⁴ Similarly, Theophano characterises recipe books as ‘women’s collaborative writing’²⁵ and Green argues that the medical recipe

¹⁹ Sandra Sherman (2003) ‘Printed communities: Domestic management texts in the eighteenth century’, *Journal for Early Modern Cultural Studies*, 3:36–67, p.36; italics added.

²⁰ Churchill, ‘Female complaints’, p.94.

²¹ Ezell, ‘Domestic papers’, pp.42, 46.

²² Ezell, ‘Cooking the books’, p.165, emphasis added.

²³ Field, “‘Many hands hands’”, p.50 and passim.

²⁴ Archer, “‘Quintessence of Wit’”, p.115.

²⁵ Theophano, *Eat My Words*, p.8.

collection was a ‘largely feminine genre of medical writing’.²⁶ Even though she highlights a few pages earlier that ‘[r]eceipts for pomatums and washes were not exclusive to a feminized medical practice or to books for women’, Snook goes on to say ‘there were numerous recipes for face washes in women’s domestic receipt books’.²⁷ Some of these works are not primarily about recipe books, but the point remains that there has long been an association of manuscript recipe compilation solely with women. Either such scholars have operated on a gendered assumption that it was women who did the cooking and caring, or they have not sufficiently interrogated the evidence. It was not until the work of Smith²⁸ and Leong²⁹ that attention began to be paid to the role of men in domestic healthcare and recipe collecting; Withey also found ‘an active interest in procuring and recording domestic medicines’ among the men in his research in Wales.³⁰

For the recipe collections examined in the current study, it was possible to identify a total of 100 compilers, revealing the distribution shown in Table 5.1. It can be seen that 77% of the named compilers were female and 17% male.

²⁶ Monica H. Green (2008) *Making Women’s Medicine Masculine: The Rise of Male Authority in Pre-Modern Gynaecology*, Oxford: Oxford University Press, p.290.

²⁷ Snook, ““Beautifying part of physic””, pp.14, 17.

²⁸ Smith, ‘Women’s health care’ and in particular ‘Reassessing the role of the family’.

²⁹ Leong, ‘Medical recipe collections’ and more recently ‘Collecting knowledge for the family’.

³⁰ Withey, *Physick and the Family*, loc. 3397.

Table 5.1 Types of collection by gender

	Recipe book	Loose recipes	Account book	Commonplace book	Other	Total
Female compiler(s)	68	7	0	1	1	77
Male compiler(s)	3	3	6	2	3	17
Female and male compilers	6	0	0	0	0	6
Total	78	10	5	3	4	100

For recipe collections that were compiled collaboratively, the compilers were frequently members of the same family, and may have been involved at the same time or successively. Sometimes the recipes were recorded on a joint basis, for instance in both of twin volumes in the East Sussex Record Office, one compiled by Rev. John Frewen and his wife Rachel, the second by their son Rev. Thomas Frewen and his daughter Mary.³¹ Potter points out that Lady Ann Fanshawe's recipe book contains many recipes in her husband Richard's hand.³² Mrs J.E. Arundell's recipe book had two inscriptions at the front:

The Honourable Mrs J.E. Arundell
Her Book for Recipes
Bought July 12th 1786

The Honourable James Everard Arundell
his Book

The latter was probably her husband, although it could also have been her son of the same name (1763–1817), who became 9th Baron Arundell. He was keen to assert his presence in the book, with some recipes very firmly signed 'Ja^s Ever^d Arundell'.³³

³¹ FRE/688, c.1725, and FRE/712, c.1750–1800, ESRO.

³² Potter, 'Household receipt book', p.21.

³³ 2667/12/40, WSA.

Other volumes were passed on for subsequent additions, such as that begun by Edmond Combe, which he then gave to his sister Hester.³⁴ A recipe book started by Lucy Culley was continued by William Paul and then others unknown; the first two may well have been related, as a Lucy Paul (1770–1837) is recorded as marrying a John Culley.³⁵ Collections also descended through generations of the same family, such as that compiled by Lydia Richardson (1710–62), which was left to her daughter Mary (1736–81), who married Joseph Pease in 1763. Mary added to it as well as retaining a separate collection of loose sheets from other donors.³⁶ As mentioned in Chapter 2, a book begun by John Gibson in 1634 was taken up by Joanne Gibson in 1669 and then Joanna Gibson in 1708.³⁷ Three volumes of recipes from the Godfrey–Faussett family were brought together and comprehensively indexed and cross-referenced by the Rev. Brian Faussett, who thus added his own contribution to a family resource.³⁸

What is also interesting in Table 5.1 is the type of collection, describing here the predominant feature of the contents; for example, if a volume is devoted largely to recipes but also contains one or two poems or drawings, I have categorised it as a recipe book, but as a commonplace book if the recipe content is more incidental. The ‘Other’ category includes notebooks, letter books, diaries and printed books. Although the caveat must be acknowledged that this is a reflection only of the sources that have been preserved, female compilers were much more likely to retain their recipes in a dedicated book, whether large or small (as described in Chapter 2),

³⁴ Add MS 49373, BL.

³⁵ MS 1974, Lucy Culley and William Paul, late 18th–mid 19th century, WL; ancestry.co.uk.

³⁶ RIC, CHL.

³⁷ MS 311, WL.

³⁸ MS 7997, MS 7998, MS 7999, WL.

while male compilers tended to record recipes in bundles of loose sheets or in books employed mainly for other purposes.

John Blundell's pocketbook is typical of this latter kind. Measuring about 3 inches by 4 inches, leather bound with a metal clasp, it contains recipes for the cholic, a cough and various tinctures, but also personal accounts for the year 1762, farm records of planting and animal sales, and 'An account of what I received for being chief constable'.³⁹ John Stratford's account book similarly records farm accounts, notes of servants' wages and churchwarden's accounts, alongside recipes such as 'for a hard swelling', 'a cordiall drinke' and 'to cure the bite of a mad dog', and others 'to kill ratts' and for veterinary use.⁴⁰ William Grasing, a yeoman, kept a leather-bound book of accounts and rents received, which also featured medical and veterinary recipes and charms, as well as evidence of their use: 'an acount of what ey [I] have used for ey water'.⁴¹ William Morris's commonplace book was a jumble of death dates, notes of when his mare had been covered, French and English phrases and drawings of chafing dishes, as well as medical and veterinary recipes, some of the former marked 'in humankind' to distinguish them.⁴² Although recipes for food feature much less rarely in the male-compiled collections, John Sargent's commonplace and recipe book also indicates the recording of all kinds of useful information, similar to the amalgamation of medical, culinary and household recipes discussed in Chapter 2. For instance, a remedy for 'a fever for a horse' is immediately followed by one for a (human) cold; one 'for hand pomatum' comes

³⁹ X171/208, 1762–74, BLA.

⁴⁰ D2375/E3, GA.

⁴¹ P218/MI/1, GA.

⁴² BOL 4/9, NRO.

just before another for ‘cracks in horses heels’; and there are other recipes for ‘the foot-rot in sheep’, ‘cleaning boot tops’, ‘a stone coloured wash’ and ‘to fat fowls’.⁴³

It might be thought that recipes kept by male compilers would represent a narrower range of ailments, and be more focused on masculine preoccupations such as gout and indigestion. Such selective recording does occur, for instance in some letter sheets ‘found in this portable desk that came from abroad of Mr Webbs’, written in an evidently male hand, given his reference to ‘my whore’. Here the remedies are for wounds and swellings, ‘a strengthening plaister’, piles, the itch, a cough, dropsy, the ague, ‘a bloody flux’, rabies, ‘infirmities of the eyes’ and pleurisy – and, perhaps predictably, for ‘a gleet’ (gonorrhea) and ‘the pox’ (syphilis).⁴⁴ Similarly, G. Beanland’s notebook records, alongside poems and epigrams, recipes for ‘an appoplectic stroke’, hoarseness, rheumatism, stone and gravel, and two for corns.⁴⁵ However, this is not exclusively the case and a wide range of other ailments appear. For instance, Thomas Chambre’s book of ‘medical receits’, written in one hand throughout, does include a number of recipes for piles, gout, dropsy, the stone and weak eyes, but also others for whooping cough, cramp, scurvy, St Anthony’s fire and consumption, as well as a ‘regimen for delicate & sickly persons’.⁴⁶ Thomas Cholwich’s book, again mainly in one hand, contains 134 medical recipes, ranging from ‘to procure good labour’ to several for ‘the asmah’, from ‘a hurt in a mans eye that comes with a stroak’ to ‘an excellent pultes for a sore breast’, and from ‘a liquor to wash a wound to keep it from corrupting’ to several distilled waters.⁴⁷

⁴³ Wilberforce/291, WSRO.

⁴⁴ MS 7819, early 18th century, WL.

⁴⁵ DB65/C2/27, c.1734–1837, WYAS.

⁴⁶ MS 7942, WL.

⁴⁷ MS 1626, WL.

The Filmer brothers

Two men who evinced a clear interest in their health were Sir Edward Filmer (c.1683–1755), 3rd Baronet, and Beversham Filmer (1685–1763), two of the five sons of Sir Robert Filmer (d.1720) and his wife Elizabeth Beversham (d.1717).⁴⁸ Sir Edward married Mary Wallis (b.1689) and they had 20 children, only 7 of whom were still living when he drew up his will in 1750.⁴⁹ In an obituary he was termed ‘a Gentleman remarkable for keeping up the old English Hospitality’.⁵⁰ Beversham was a barrister at Lincoln’s Inn, described as ‘one of the most able conveyancers this kingdom has produced’.⁵¹ In addition, on his tombstone he was characterised thus: ‘His affability, modesty, and sweetness of temper gained him the friendship and esteem of all his acquaintance.’⁵²

The brothers communicated details of regimens and recipes, such as this request for a recipe from Beversham:

I think Ive heard you or some of my sisters say that my father was very much troubled before his death with a weakness in his bladder so as not to be able to retain his water and that he received great benifit by the use of some herb or plant but what it was I have forgott Sir Brownlowe Sherard a very good friend of mine is in the same case & I should be glad if I could be serviceable to him if you or my sisters have the receipt I shall be obliged to you for it.⁵³

He later suggested a particular preparation for his brother, but added some caveats:

⁴⁸ William Betham (1802) *The Baronetage of England*, London: Burrell and Bransby.

⁴⁹ Will of Sir Edward Filmer of East Sutton, Kent, <http://freepages.genealogy.rootsweb.ancestry.com/~mrawson/film1754.html>, accessed 25 March 2014.

⁵⁰ *London Evening Post*, 20–22 February 1755, www.britishnewspaperarchive.co.uk, accessed 25 March 2014.

⁵¹ Betham, *Baronetage of England*.

⁵² <http://www.findagrave.com/cgi-bin/fg.cgi?page=gr&GRid=118852576>, accessed 25 March 2014.

⁵³ Beversham Filmer to Sir Edward Filmer, 5 April 1735, U120/C26/8, KHC.

Tho I have had great commendations of Belott Pills from several that have taken them as to the easy manner of their operation yet upon inquiring of 2 gentleman that have taken them for the gout they tell me that it will not be proper by any means to take them when the fit is upon you or the humour any ways stirring about your body and that it has often times brought on a fitt of the piles tho taken when the fit of the gout was quit off therefore remembering that you was once troubled with a fistula if they should have the same effect it might be of ill consequence.⁵⁴

Their correspondence about their health sometimes went into substantial detail. In 1750, for instance, Beversham consulted Mr Webb, a London surgeon, about ‘a small swelling upon the buttock’. Letters to Sir Edward from Beversham and from Christopher Hargrave, his servant,⁵⁵ tell the story of how Webb ‘first laid a little caustic to deaden the flesh and then made an incision & lett out a tea cup full of blood & corruption’.⁵⁶ After spending some time sitting ‘on a cushion, with a great hole cut thro’ it’,⁵⁷ complications demanded a second opinion and a further operation, and it was not until three months later that Beversham was ‘able now to walk upon plain ground very well, but in going up & down stairs I cannot move my right thigh with that freedom I used to do, the muscles being I believe contracted for the flesh is not near grown up even with the other’.⁵⁸

Sir Edward was equally forthright about his health and that of his wife:

I have had a very bad cold attended with a convulsive cough occasion’d by the uvula of my mouth being relax’d & follow’d by several relapses insomuch that I did not think I should have liv’d to this time – but now I thank God I find my self grow better which I impute to taking flower of sulphur My wife too has been troubl’d with a very bad cough attended with frequent relapses.⁵⁹

⁵⁴ Beversham Filmer to Sir Edward Filmer, undated, U120/C26/63, KHC.

⁵⁵ U120 C29, KHC.

⁵⁶ Beversham Filmer to Sir Edward Filmer, 6 October 1750, U120 C29, KHC.

⁵⁷ Christopher Hargrave to Sir Edward Filmer, 9 October 1750, U120 C29, KHC.

⁵⁸ Beversham Filmer to Sir Edward Filmer, 17 January 1750, U120 C29, KHC.

⁵⁹ Sir Edward Filmer to Beversham Filmer, reply drafted on verso of letter from Beversham dated 30 March 1754, U120/C29/45, KHC.

Sir Edward was also prone to excessive sleepiness. Beversham wrote to him on March 30, 1754, ‘I shall be heartily glad to have an account of your perfect recovery & particularly if the Docter could any way take off your sleepiness which you have been subject to some years.’ An ardent keeper of lists, Sir Edward noted down in his medical recipe book ‘Mr Dorringtons Rules to Prevent Sleepyness’:

Never to eat to the utmost extention of your stomach
 Divert yourself as much as you can
 Bleed often & always keep your body open
 Eat no suppers
 Use a sharp stimulating snuff
 To ride, or walk, as much as you can
 When sleep is the effect of exercise it is natural
 Don’t indulge it after dinner, tho you may possibly fall into it a little without much hurt in very hot weather⁶⁰

It appears Dorrington was the apothecary, as a note by a prescription from Dr Leatherhead for a pain in the back runs: ‘Mr Dorrington made up this prescription for Sir E. F. & advised him to take sometimes 4 & sometimes 6 every night going to rest.’ By guidance from Dr Thorpe on gout in the stomach, there is a subsequent comment: ‘Mr Dorrington advises to lay burdock leafs to the soles of the feet to make them perspire, which draw very much.’

The recipes in Sir Edward’s book are predominantly for gout, as well as eye problems and coughs, colds and sore throats, together with common problems such as piles, wind and rheumatism. There is a remedy for a strain contributed by Beversham, and advice ‘For a valetudinary person’ from the *Gentleman’s Magazine* in November 1753:

Mix the powder of liquorice with some fine Norway Tar of which make pills. Take of these now & then 2 or 3 or more at night & morning & use a flesh brush when

⁶⁰ U120/F28, KHC.

going to bed. One of these will abate the febrile heat & the other prevents the decay of the muscular flesh.

The other feature of the volume is the copying out of copious extracts from noted authorities such as George Cheyne's *An Essay on the Gout* (1721) and *The English Malady* (1733) and John Quincy's *English Dispensatory* (1721), together with an aide-mémoire on where to obtain a particular medicine:

Belloste's pills

For the gout & all pains in the joints, rheumatism cholick drops the stone, gravel & venereal complaints sold in 1750 at the Blew Flower Pot in Bread Street in Golden Square. At Mrs Stephen's a Milliner at the Blew Ball in Fleetstreet. At the Blew Flower Pot in Little Bell Alley Coleman Street – Also to be had up one Pair of Stairs at the sign of the Anodyne Necklace, against Devreux Court, without Temple Bar – Price 10s half a box or 20s a box with directions.

He incorporates complicated explanations of provenance, such as 'This rect was communicated to Bev. Filmer of Lincolns Inn Esq by Mr Breerton who was cured by it of a violent strain after having had the advice of several surgeons without effect and it was recommended to Mr Breerton by a Gent who had gone upon crutches for a long time and was likewise cur'd by it'. However, that perhaps Sir Edward was unconvinced by some of the authorities he consulted is indicated by two quotations from 'Dr Bracken's Farriery':

There is no greater sign of a physicians being a fool or a knave, then his making an apothecarys shop of his patients belly.

Happy are the diseased who apply to a physician of honnesty, learning and experience that knows how and when to prescribe a medicine well adapted to the purpose therefore gruel and warm lodging will save more lives then all the young physicians and demmi docters in the kingdom.⁶¹

⁶¹ Probably Henry Bracken, *Farriery Improved, or a Compleat Treatise upon the Art of Farriery* 1737. Although Bracken wrote on horses, he practised as a physician, surgeon and man-midwife. Max Satchell (2004) 'Bracken, Henry (bap. 1697, d. 1764)', *Oxford*

The Filmer brothers' preoccupations were typical of those of many men at the time, evidenced in the pages of the *Gentleman's Magazine*. In addition to information on weather, bankruptcies and stock prices, parliamentary news, births, marriages and deaths and 'poetical essays', the publication featured discourses on new discoveries and medical cases, as well as readers' letters asking for or offering assistance. For instance, a certain Step[hen] Newman wrote regarding a request for a remedy for worms:

It would give me much pleasure to afford A Medical Sufferer... some relief. I found much benefit in the root of elecampane grated into a glass of Port wine, which was taken at night previous to my going to rest, and in the morning fasting.⁶²

On the same page, 'Meanwell' suggested, 'Take of a strong infusion or decoction of linseed, bruised, four ounces, strain it, and add of Venice treacle two drams, for a glister, to be injected warm at night, going to bed, and repeated for some time'; and 'Everard' recommended 'large doses of common salt, dissolved in as little water as possible'. Other remedies were requested and provided for such common but inconvenient complaints as corns, warts, sea-sickness and sprains.⁶³ Although prescriptions from noted physicians were sometimes quoted in this periodical, there was no indication that those offering the information were in any way medically trained. Indeed, as Porter commented, 'The *Magazine* seems to show that being

Dictionary of National Biography, Oxford: Oxford University Press; online edn, May 2012, <http://www.oxforddnb.com/view/article/3158>, accessed 27 March 2014.

⁶² *The Gentleman's Magazine* (1792) 62(2): 1082–3, babel.hathitrust.org.

⁶³ *The Gentleman's Magazine* (1792) 63: 129; (1747) 17:31; (1740) 10: 35. babel.hathitrust.org, accessed 24 January 2014.

familiar with medicine was not an individual and private matter, but integral to the public role of the well-informed, public-spirited and responsible layman’.⁶⁴

These examples demonstrate well that while the majority of identifiable compilers of recipe collections were female, men were also involved, both in collecting such information and in maintaining it over time.

Contributors

Was the same kind of cross-gender interest in healthcare represented in the names recorded as donors or contributors of the recipes? A sample of 15 recipe books reveals varying results (see Table 5.2). Both female and male compilers recorded recipes from both female and male donors. This agrees with Leong’s finding that ‘recipe exchange crossed gender boundaries’.⁶⁵

⁶⁴ Porter, ‘Lay medical knowledge’, p.163.

⁶⁵ Leong, ‘Medical recipe collections’, p.187.

Table 5.2 Male and female donors of recipes

Reference	Date	Total no. of recipes	Female donor (% of attrib.)	Female midwife/nurse (% of attrib.)	Male donor (% of attrib.)	Male physician/surgeon (% of attrib.)	Printed source (% of attrib.)	Unattributed (% of total)
MS MSL 2 Temple family	c.1650-c.1750	104	36 (76.6)	0	5 (10.64)	5 (10.64)	1 (2.13)	57 (54.81)
D2455/F2/2/3 Anne Wither Beach	1681–1731	105	14 (66.67)	0	3 (14.29)	4 (19.05)	0	84 (80)
1178/481 Calley family	17–18c	37	2 (28.57)	1 (14.29)	3 (42.86)	1 (14.29)	0	30 (81.1)
Add MS 28956 Ellis family	17–18c	61	5 (35.71)	0	8 (57.14)	1 (7.14)	0	47 (77.05)
613/778 Hannah Miller	c.1700	46	9 (45)	3 (15)	2 (10)	6 (30)	0	26 (56.52)
HMN 4/5 Unknown	1739–79	271	41 (40.59)	3 (2.97)	32 (31.68)	22 (21.78)	3 (2.97)	170 (63.84)
Add MS 29740 Unknown	c.1750	84	18 (36.73)	0	19 (38.78)	12 (24.49)	0	35 (41.67)
CR 1841/4 Sophia Newdegate	1754	111	37 (61.67)	0	11 (18.33)	10 (16.67)	2 (3.33)	51 (45.95)
1 Dixon 21/3/5 Dixon family	1760–1860	25	0	0	6 (60)	4 (40)	0	15 (60)
613/219 Ralph Cole and others	1775–1800	52	7 (29.17)	0	7 (29.17)	6 (25)	4 (16.67)	28 (53.85)
MC/443/1 Jane Frere	1777–1815	132	21 (38.89)	0	9 (16.67)	20 (37.04)	4 (7.41)	78 (59.09)
2667/12/40 J.E. Arundell & Mrs J.E. Arundell	1786	164	31 (44.93)	0	14 (20.29)	20 (28.99)	4 (5.8)	95 (57.93)
MS 4992 Anne White	1778–89	62	18 (36.73)	0	12 (24.49)	2 (4.08)	13 (26.53)	17 (27.42)
CR 341/301 Mary Wise	18c	93	9 (37.5)	0	3 (12.5)	8 (33.33)	4 (16.67)	69 (74.19)
Add MS 29435 Unknown	18c	123	62 (72.09)	0	14 (16.28)	8 (9.3)	2 (2.33)	37 (30.08)
TOTAL		1470	310 (52.19)	7 (1.18)	148 (24.92)	129 (21.72)	37 (5.86)	839 (57.07)

The number of male donors is inevitably skewed by the fact that all physicians and surgeons at the time were men, although in some instances this is partly counterbalanced by recipes from female midwives. Therefore I have attempted to isolate those donors and show them in separate columns; I have not included recipes attributed to physicians such as Sloane or Boerhaave, except where there is evidence of an actual prescription, as these are likely to have been taken from printed sources. It is usually impossible to identify recipes provided by an apothecary (or indeed a surgeon termed ‘Mr’ or a knighted physician) unless his occupation is also recorded, so some of those will be within the figures for male donors. Just over half the donors overall are women, a small percentage of whom it is possible to identify as nurses or midwives, and just under a quarter are known to be ‘professional’ men. So even though the ‘ordinary’ male providers of recipes only account for a quarter of the total, that is still a sizeable percentage, demonstrating the widespread interest in this kind of information.

Some compilers seem to place little importance on recording the source of their recipes, such as Mary Wise, 69 of whose 93 recipes indicate no donor.⁶⁶ In contrast, only 37 of the 123 recipes of one anonymous collection are not attributed to a particular person, and three of those are from well-known sources: the Duke of Portland’s gout powder, George Cobb’s rabies remedy and a recipe for rheumatism from Boerhaave.⁶⁷

The Dixon collection of letter sheets is unusual in containing no recipes with female donors. Of course, because of its nature this particular group may be

⁶⁶ CR 341/301, WCRO.

⁶⁷ Add MS 29435, BL.

unrepresentative of the family's practice overall.⁶⁸ Furthermore, while the unknown compiler of a Norfolk recipe book records more male donors than female, 22 of those are from physicians or surgeons, and many of the others come from family: 'Bro J Jennings', 'My father', 'Uncle Spencer'. This suggests a need for information the compiler could trust and verify through family experience.⁶⁹ Hannah Miller records a large number of recipes from physicians and women identified as nurses, as well as noting that a particular recipe for whooping cough was from Mrs Edwards, 'approvd of by Dr Stonehouse'. The beginning of the volume includes some handwriting practice in the same hand, so perhaps she was a young wife needing reassurance about the quality or reliability of what she was writing down.⁷⁰

All the collections in Table 5.2 include at least one recipe from a physician or surgeon. Leong's detailed sample of 15 seventeenth-century recipe books found a similar range of percentages of recipes from physicians, although as high as 90% in one case, 36 out of 40 recipes with donors.⁷¹ There also does not seem to be much of a change over time, as reasonably high percentages of both donated recipes and those from physicians, whether given directly to a family member or servant or acquired at second hand, exist in both early and late eighteenth-century collections. Of course, medical consultation by post was a familiar and frequent feature of medical practice. For example, a letter from Dr Hans Sloane to Lady Mordaunt gave a range of advice, from counsel that Sir John Mordaunt should avoid purging for a fever and 'take some pearle, crabs eyes or crabs clawes powder about ½ a dram at a time twice or thrice a day with asses milk in the morning' for 'the pain & sowrenesse at his stomach' to

⁶⁸ 1 Dixon 21/3/5, 1760–1860, LA.

⁶⁹ HMN 4/5, NRO.

⁷⁰ 613/778, DRO.

⁷¹ Leong, 'Medical recipe collections', p.191.

syrup of marshmallows for her own back pain.⁷² In the long correspondence of over 300 letters between Dr Anthony Addington (1713–90) and Hester, Lady Chatham (discussed in Chapter 1), the physician offered advice and prescriptions regarding the persistent ill health of her husband, as well as on her own illnesses and those of their children and servants.⁷³

An extreme example of drawing from professional sources is a closely written volume entitled ‘The Sixth Book’ among the papers of the Pares family of Hopewell Hall, Derbyshire. Compiled by two unknown writers apparently contemporaneously (because of the way the combination of hands falls on the page), this begins with 275 recipes from ‘Dr D’anvers Physician at Northampton’, grouped by ailment, after which is the comment ‘This ends Mr Danvers’s receipts Counciller at Northampton’, followed by numerous medical and household recipes from family and other acquaintances, printed books and newspapers.⁷⁴ The compiler of another book noted down a recipe for colic prescribed for a servant, and another writer copied out a remedy for fever from a Dr Woodward, obtained via Slingsby Bethell, a London merchant and MP,⁷⁵ the recipe’s journey of transmission carefully recorded. Similarly, a recipe ‘against a violent cough’ in a sheaf of remedies remarked that the original remedy came from a Dr Heathcoat, while a recommendation to replace

⁷² CR 1368 Vol 3/73, Mordaunt of Walton, Warwickshire County Record Office, July 12, 1705.

⁷³ Birdwood, *So Dearly Loved*.

⁷⁴ D5336/2/26/9, DRO. This and a companion volume, *The Third Book* (D5336/2/26/10), contain recipes dated in the first half of the 18th century. There was a physician Daniel D’Anvers, whose son Knightley (1670–1740) was Northampton town counsel (Holly Faith Nelson (2004) ‘D’Anvers, Alicia (bap. 1668, d. 1725)’, *Oxford Dictionary of National Biography*, Oxford: Oxford University Press, online edn, Oct 2008, <http://www.oxforddnb.com/view/article/74080>, accessed 23 March 2014), so the recipes themselves may be 17th century in origin.

⁷⁵ MS 1322, WL.

‘syrrup of balsam of Tolu’ with ‘new cold drawn linseed oil’ was indicated with a marginal note as originating with one Sanders Kirton.⁷⁶ In many other instances a physician is named who may be far removed from the individual whose collection the recipe is in, and is named because the original source of the information did so, whether in manuscript or print.⁷⁷

There does seem to be an increase in transcribing recipes from printed sources as the century proceeds, with most of the later-dated collections in Table 5.2 featuring at least some and one, Anne White’s, drawing over a quarter of the recipes from those in newspapers.⁷⁸ This may indicate either the wider availability of recipes in print and/or the greater trust that was placed on them as a source of information. This was particularly the case for advice against ‘the bite of a mad dog’, as detailed in Chapter 4. For instance, a Mrs Ann Crisp of Burford, Oxfordshire, transcribed the details of several remedies for rabies from four different newspapers, as well as recording occasions when ‘mad dogs’ had been killed or rounded up.⁷⁹ Printed works on health were also drawn on quite heavily. A book of remedies in the Somerset Archive recorded ‘extracts from Pharmaceutical Cymistry and the Materia Medica, by Dr Monro, 1789’.⁸⁰ Jane Frere copied out ‘Advice on regimen for when recovering or sick’ and advice for colds from ‘Dr Tyssot’, probably *Advice to the*

⁷⁶ D102/16, 18th century, CBS.

⁷⁷ A point also made by Alun Withey (2012) ‘Social networks and sharing medical recipes: The receipt book of Amy Rowlands of Henblas’, *The Recipes Project*, 2 October, <http://recipes.hypotheses.org/29>, accessed 2 October 2012.

⁷⁸ MS 4992, WL.

⁷⁹ D610/F18, GA.

⁸⁰ DD\SAS/C/2759/1, SA.

People in General with Regard to Their Health by Samuel-Auguste Tissot, available in English by 1765.⁸¹

The source of many recipes was quite naturally members of the compiler's extended family. This might be in the form of a recipe book handed down through the generations and added to successively, or individually gifted remedies. For instance, Penelope Humphreys noted recipes from her mother, father and grandmother, as well as cousins and aunts.⁸² Mary Gregg in Putney wrote to her brother Isaac Borrow in Derby with 'A receat for the gravel or stone', commenting:

since I heare you have been troubled with the gravel (I can pitte you) I give you the trouble of this to send you the following receat which I have taken and by Gods blessing found great good by it, Mrs Petteward gave it mee and hee takes itt frequently for the same disorder, it was the direction of Dockter Springers who I sopose my sister knew, hee was a man of great judgment.⁸³

Such familial assistance was not surprising in an age of few safety nets and where the family was the most important source of all kinds of help, especially since 'family' itself had a much broader meaning than today. As Tadmor has revealed from her study of contemporary language, kinship ties embraced relationships of both blood and marriage as well as co-residence and friendship.⁸⁴

A collection of battered bound books in the papers of the Penruddocke family provides evidence of different members of the family, from different generations, copying recipes from each other.⁸⁵ One book carries the name of Frances

⁸¹ MC/443/1, NRO.

⁸² MS 7851, WL.

⁸³ D3155/WH 2702, DRO.

⁸⁴ Naomi Tadmor (2007) *Family and Friends in Eighteenth-Century England: Household, Kinship and Patronage*, Cambridge: Cambridge University Press.

⁸⁵ 332/256, WSA. Information on the family comes from Arthur Henry Noble (1968) *The Penruddock Family*, typescript. A famous ancestor was Colonel John Penruddocke, Royalist

Penruddocke, who judging from the dates was Frances Hanham, wife of Thomas Penruddocke Sr (m.1672); another is labelled ‘Anne’, probably Anne Henrietta Wyndham (d.1822), wife of Charles Penruddocke (d.1788), her first cousin; the remainder are unidentified. Other family members mentioned as donors of recipes include ‘Mrs Thos. Penruddocke’, Laetitia Ashe (1682–1742), wife of Thomas Jr (1678–1741), who gives a recipes for ‘a cold decoction of bark’⁸⁶ and ‘digesting pills’ to a Miss Penruddocke, probably her sister-in-law Arundell; and purges were ordered by Sir Edward Hulse⁸⁷ for ‘Mrs H Wyndham’, Laetitia’s daughter, also called Arundell (1713–80), who possibly compiled one of the volumes.

Anne Penruddocke’s book contains a recipe for ‘tooth ach’ from Lady Bruce that is identical to one in the collection possibly compiled by Arundell Wyndham, her aunt by marriage. Twelve further recipes were copied from this book, but not in the same order as they originally appeared, not consecutively and not all the earlier recipes were duplicated (see Table 5.3). The variation even among the same information implies that the recipes were not transcribed on one occasion but the writer had regular access to the other book; alternatively both compilers may have used an unknown third source. This demonstrates that information was shared and passed through the generations, but also that selections were made of recipes that

leader of what became known as the Penruddock Uprising against the New Model Army in 1655. The spelling Penruddocke is adopted here as it is the one the family most often used.

⁸⁶ Probably Peruvian or Jesuit’s bark, from the cinchona tree, a source of quinine; Stannard, ‘Materia medica’, p.204. In a decoction the bark and other ingredients are boiled to extract the constituents; Anne Stobart (2014) ‘The working of herbs, Part 7: Preparing herbs together in a recipe’, *The Recipes Project*, 20 March, <http://recipes.hypotheses.org/3528>, accessed 23 September 2014.

⁸⁷ c.1682–1759, physician to George I and II.

were likely to be useful or that met a present need, rather than everything available being recorded.

Table 5.3: Copying from one book to another, Penruddocke recipe books 332/256

Earlier book	Later book
For worms in children	A very good salve call'd flos unguentum
<23 recipes>	<7 recipes>
Milk water	Milk water
<6 recipes>	<2 recipes>
A very good salve call'd flos umguetum	To cure the rhumatism
The black salve	<5 recipes>
A water for sore eyes	For the worms in children
<1 recipe>	<11 recipes>
For the tooth ach	A water for sore eyes
<41 recipes>	<7 recipes>
For deafness	For a hoarsness
A good cere cloth for a sprain	For a dropsy or rhumatisme or short breath
To disperse the wind	<4 recipes>
<7 recipes>	To make tincture of rhubarb
For a hoarseness	<8 recipes>
<14 recipes>	For deafness
Tincture of rhubarb	<16 recipes>
<3 recipes>	For the tooth ach
To cure the rhuematism	<1 recipe>
For a dropsy, rhumatism or shortness	The black salve
	To dispers wind
	<4 recipes>
	A good cerecloth for a sprain

Richard Aspin traces similar copying in a volume partly compiled by Elizabeth Okeover Adderley⁸⁸ of large verbatim sections from another anonymous book.⁸⁹ The latter relates at least one recipe to 'Coz. Eliz. Okeover', so was likely a

⁸⁸ MS 3712, WL. The copying itself was by another, unknown compiler.

⁸⁹ MS 7931, 17th century, WL.

relative, Aspin considers possibly her aunt, also called Elizabeth Okeover, and there are many attributions to members of the family in both volumes.⁹⁰

It is sometimes impossible to identify which donors of recipes were family members and which friends or other acquaintances, but together these ‘non-professionals’ make up over three-quarters of the attributions detailed in Table 5.2.

Conclusion

The aim of this chapter has been to put some flesh on the bones of the compilers of the recipe collections I am investigating in this research, and of those who contributed to them via writing in a recipe or transmitting the information in some other way. It has shown that there was an interest in healthcare and the desire to record useful information among both men and women, and that recipes were recorded and exchanged at all levels of the social hierarchy. The providers of information were diverse, ranging from family members to close friends to distant acquaintances, sometimes also tradespeople or servants, and including newspapers, printed books of remedies and physicians’ letters or prescriptions.

Bringing the diverse sources of knowledge together into a recipe book was a collaborative process, involving potentially multiple writers of a single volume, either contemporaneously or through successive generations. Recipe books might be shared between husband and wife, father and daughter, mother and daughter or even granddaughter, and in some cases were claimed by later relatives as valuable possessions. Recipes might be sent by letter or communicated orally, written into someone’s collection or transcribed from a borrowed volume on a visit, swapped at

⁹⁰ Aspin, ‘Who was Elizabeth Okeover?’.

spas or dinner parties. The advice might be offered to help with a pressing need, sent on a 'just-in-case' basis or provided on request when the receiver had heard of someone else's successful remedy. The question then arises of why people were so willing to share their knowledge and advice with others. The concept of social capital might provide a clue, and this is discussed in Chapter 6.

6: Recipes as Social Currency

This chapter delves deeper into how recipes and the knowledge they embodied were circulated and found their way from one collection to another. Fundamental to this process of knowledge exchange is the concept of social capital, a way of characterising and analysing the formation and maintenance of personal networks. These networks are fostered by the expenditure of the ‘social currency’ of recipe exchange, which depends on the two further elements of reciprocity and trust. The chapter will illustrate through case studies the three different kinds of networks through which knowledge of this kind travelled, which I have termed familial, sociable and political, and the benefits each could confer.

Social capital

Social capital is a sociological concept referring to networks of relationships between family, friends and neighbours.¹ Investment in building up and maintaining these networks leads to returns in the form of goodwill and obligations that are described as ‘productive’, a resource that can be used, or as ‘credit slips’ that can be called on by the person holding them.² As its originator relates, social capital does not refer to ‘cold cash, but rather to that in life which tends to make... [it] count for most in the daily lives of a people, namely, goodwill, fellowship, mutual sympathy and social

¹ David Halpern (2005) *Social Capital*, Cambridge: Polity Press, p.2. The term is used in the context of recipe exchange by Leong and Pennell, ‘Recipe collections’, p.135.

² James S. Coleman (1988) ‘Social capital in the creation of human capital’, *American Journal of Sociology*, 94, Supplement: Organizations and Institutions, S95–S120, p.S96.

intercourse among a group of individuals and families who make up a social unit'.³ Social capital requires maintenance and effort to retain its power⁴ – it demands the expenditure of various kinds of social currency. In the same way that monetary currency can be spent on goods and services and saved or invested to build up a stock of financial capital, social currency acts as a mediator in relationships, its use forming a stock of social capital that can be accumulated by providing favours or information and drawn on when assistance is sought in return. Such capital can be in the form of visits or assistance – or in the information contained in medical recipes. Social currency is the 'medium of exchange', social capital lies in the links thus formed that can be exploited for various ends.⁵

Social capital consists of three elements: the social networks that form its structure, the norms of reciprocity that guide behaviour within the network, and the trust that the investment of social currency builds up.⁶ A parallel approach comes from the anthropological theory of gift exchange, where a gift differs from an economic transaction in that it is dependent on the existence of social relations, and in that there are obligations to give, to receive and to return.⁷ Ben-Amos stresses that the exchange of gifts, representing emotional as well as material support, is 'about

³ L.J. Hanifan (1916) 'The rural school community center', *Annals of the American Academy of Political and Social Science*, 67:130–38, p.130.

⁴ Paul S. Adler & Kwon Sook-Woo (2002) 'Social capital: Prospects for a new concept', *Academy of Management Review*, 27:17–40.

⁵ Lynn Magdol & Diane R. Bessel (2003) 'Social capital, social currency, and portable assets: The impact of residential mobility on exchanges of social support', *Personal Relationships*, 10:149–69; Peter Burke (2005) *History and Social Theory*, Cambridge: Polity Press, p.72.

⁶ Sara Ferlander (2007) 'The importance of different forms of social capital for health', *Acta Sociologica*, 50:115–28, p.116.

⁷ The concept was schematised by French sociologist Marcel Mauss in *The Gift*, first published in French in 1954; Harumi Befu (1977) 'Social exchange', *Annual Review of Anthropology*, 6:255–81. See also Russel W. Belk & Gregory S. Coon (1993) 'Gift giving as agapic love: An alternative to the exchange paradigm based on dating experience', *Journal of Consumer Research*, 20:383–417.

these reciprocal relations no less than it is about the gift itself'.⁸ Burke calls gifts 'material objects with a message', such as 'making friends and maintaining a social network'.⁹ Hinnant notes that the eighteenth-century context was one that 'valorized generosity, benevolence, love, friendship, loyalty, and gratitude' such that 'obligations are fulfilled in service'.¹⁰ In fact, the status of gift does not inhere in the information itself, but rather in the relationship between those involved in the transaction, which can turn something ordinary into something unique.¹¹ To Pennell, the gift of a recipe was part of a 'cycle of indebtedness that was cancelled and reiterated either in kind or with associated gifts'.¹² It is also interesting that in Mauss's conceptualisation a gift 'retains the "spirit" of the people among which it has circulated, thus preserving its history and relational origins',¹³ which is an important aspect in the memorialisation of donors, particularly family members, that can occur in recipe exchange.

While, as illustrated in Chapter 5, it was often family and friends who provided medical remedies, as with other forms of support the kinship network was not the only source of assistance.¹⁴ A wider and more diverse social network is evident in many recipe collections. For instance, Hester Combes ranged quite widely

⁸ Ilana Krausman Ben-Amos (2000) 'Gifts and favors: Informal support in early modern England', *Journal of Modern History*, 72:295–338, p.299.

⁹ Burke, *History and Social Theory*, p.70.

¹⁰ Charles H. Hinnant (2008) 'Gifts and wages: The structures of exchange in eighteenth-century fiction and drama', *Eighteenth-Century Studies*, 42:1–18.

¹¹ James Carrier (1991) 'Gifts, commodities, and social relations: A Maussian view of exchange', *Sociological Forum*, 6:119–36, p.122.

¹² Pennell, 'Perfecting practice?', p.252.

¹³ Régine Sirota (2015) 'Gifts', in Daniel Thomas Cook & J. Michael Ryan (eds), *The Wiley-Blackwell Encyclopedia of Consumption and Consumer Studies*, Chichester: John Wiley, 324–326, p.325.

¹⁴ Ilana Krausman Ben-Amos (2008) *The Culture of Giving: Informal Support and Gift-Exchange in Early Modern England*, Cambridge: Cambridge University Press, pp.47, 70. See also Tadmor, *Family and Friends*.

for her sources. As well as the expected Lady this and Mrs that, she noted ‘Butcher Suttons Wifes way to make good salve’ and a recipe for an ague ‘had from a Corporal at Hartley Bon’.¹⁵ One can compare the tradesmen mentioned as donors by Caroline Powys, discussed later in the chapter. This exemplifies a theory called ‘the strength of weak ties’. Developed by Mark Granovetter, this posits that people who are similar, who tend to have what he calls a strong-tie relationship, are likely to know the same things. In contrast, those who are not alike and not closely connected can be expected to be aware of different information.¹⁶ In the case of medical information, seeking out ‘weak ties’ – ‘relationships characterized by absent or infrequent contact, lack of emotional closeness, and no history of reciprocal services’¹⁷ – may be necessary when the remedies available among one’s family and friends have proved ineffective. Porter noted in this respect that ‘Genteel families drew without compunction on the know-how of social inferiors such as housekeepers and grooms’,¹⁸ or from anyone who had the information they needed, which differentiates this kind of social currency from others such as dinner invitations, which would be much more limited in their distribution among different ranks.

Information for family members may be provided altruistically, since assistance in return is to be expected and does not need to be courted. In reflection of this fact, family letters communicating remedies could be quite informal. Mrs Delany wrote to her sister Mrs Dewes almost incidentally, among a variety of gossip:

¹⁵ Add MS 49373, BL.

¹⁶ Mark Granovetter (1973) ‘The strength of weak ties’, *American Journal of Sociology*, 78:1360–80.

¹⁷ David Constant, Lee Sproul & Sara Kiesler (1996) ‘The kindness of strangers: The usefulness of electronic weak ties for technical advice’, *Organization Science*, 7:119–35, p.120.

¹⁸ Porter & Porter, *Patient’s Progress*, p.26.

I forgot to send you a recipe for the headache, which the Duchess of Portland charged me to do some time ago, which is to eat every morning as soon as you wake a bit of stale bread about the size of a walnut: she was assured (by a person who had tried it) of its being effectual; and now I recollect another commission she gave me a fortnight ago, which was to beg you would get her an ounce of the fine Coventry blue thread.¹⁹

The same is true of friends, as in this note:

Lady Hamilton presents her compliments to Mrs Pitt & has sent her the receipt she mentioned for the eyewater – Lady Hamilton is extremely sorry to hear Mrs Pitt is not well, & particularly as she is unable herself to have the pleasure of waiting on Mrs Pitt this evening, not having been out since she had the pleasure of seeing her owing to her cold, which still continues.²⁰

However, offering a gift is often not done out of pure altruism, but instead in the expectation of some kind of reward or benefit, either now or in the future.²¹ Other letters, perhaps from less close relations, were more formally written and express deference in a formulaic way. In the Brockman papers is this letter from Anne Delaune, whose family was related to the Brockmans:²²

These for the Lady Cooch at Madam Brockmans in St Georges Street in Canterbury
The medisen I taught Ren for her cough was every night a glas of spring water with
2 spoon fulls of malossas treackel a month or six weeks together, 4 pound houlds out
so long takeing she must take it the last thing she takes, she were best ask advice
before she takes it; I gave it a poore woman that had a cough a long time and was so
hors on could hardly here her speak my head is so desturbd with trobel for my cosen
and my haveing no hopes of seing your Ladyship, that I must have don and with my
respects rest

Your obliged servant

Anne DeLaune

Madam

My husband gives his most humble servos

¹⁹ Lady Llanover (1861) *The Autobiography and Correspondence of Mary Granville, Mrs Delany*, Vol. III, London: Richard Bentley. Letter from Mrs Delany to Mrs Dewes, 21 December 1753, pp.259–60.

²⁰ F/4/75, CRO.

²¹ Peter M. Blau (1986) *Exchange and Power in Social Life*, New Brunswick, NJ: Transaction.

²² Add MS 45198, BL.

Furthermore, the language of acquaintances tended to be extremely respectful, adhering to the mores of the time. A letter addressed to Lady Mary Wharton detailing a recipe for Lucatelli's Balsam ends:

Sir, being the scribe I make bold to present my best respects and service to you and your wife And I give you thanks for all your favours shewed to yur humble servant
Ber. Hutton²³

Underlying these conventional forms of address was the understanding that the goodwill of others could be a valuable resource, particularly when access to patronage was so significant in the attainment of appointments or promotion. This applied at all levels of society: Ben-Amos describes the poor as '[l]ocked in a perpetual duty to return' and notes that they 'conferred loyalty and deference in exchange for patronage, favors, and the generosity offered on festive occasions by the elite'.²⁴ Burke defines patronage as 'a political system based on "vertical" links – in other words, personal relationships between unequals, between leaders (or patrons) and their followers (or clients)... their relationship [can be viewed as] a form of exchange. Each party has something to offer the other.'²⁵ What could be on offer is summed up by Chalus as 'the five Ps of patronage – place, pension, preferment, Parliament, and peerage'.²⁶ In terms of the current discussion, maintenance of such relationships by investing the social currency of a recipe, couched in suitably deferential terms towards one's desired patron, carried the expectation of reciprocal assistance at some point in the future.

²³ Add MS 28956, BL.

²⁴ Ben-Amos, 'Gifts and favors', p.315.

²⁵ Burke, *History and Social Theory*, p.73.

²⁶ Elaine Chalus (2001) "'To Serve my friends": Women and political patronage in eighteenth-century England', in Amanda Vickery (ed.), *Women, Privilege, and Power: British Politics, 1750 to the Present*, Stanford, CA: Stanford University Press, 57–88, p.59.

The idea of reciprocity was expressed by Adam Smith in *The Theory of Moral Sentiments*:

Of all the persons whom nature points out for our peculiar beneficence, there are none to whom it seems more properly directed than to those whose beneficence we have ourselves already experienced.²⁷

Reciprocity has been said to ‘oil the machinery of social life’, such that assistance today leads to potential repayment in the future, in the form of material or emotional assistance, and not necessarily to the same individual.²⁸ In this respect social capital is fungible, a resource that can be used for different purposes than the context within which it was originally acquired.²⁹ So information given in the social currency of a gifted recipe contributed to a stock of social capital that could be drawn on by a request for assistance in the form of patronage. As the Countess Dowager of Carlisle counselled, ‘A friendly word, a seasonable recommendation may, at some juncture, procure as much advantage, as a pecuniary kindness at another.’³⁰ Such help was not guaranteed, but the obligation created by the exchange ensured it was more likely. Blau calls this an ‘underlying egoism’, and says that ‘the tendency to help others is frequently motivated by the expectation that doing so will bring social rewards’.³¹ Ben-Amos notes benefits for giver as well as receiver, since ‘informal support

²⁷ Adam Smith (1976) *The Theory of Moral Sentiments*, eds D.D. Raphael & A.L. Macfie, Oxford: Oxford University Press, VI, 2, p.1. First published 1759.

²⁸ Sheila Cooper (2007) ‘Kinship and welfare in early modern England: Sometimes charity begins at home’, in Anne Borsay & Peter Shapeley (eds), *Medicine, Charity and Mutual Aid: The Consumption of Health and Welfare in Britain, c.1550–1950*, Aldershot: Ashgate, 55–69, p.60.

²⁹ Carrier, ‘Gifts, commodities’, p.127.

³⁰ [Isabella Howard] (1789) *Thoughts in the Form of Maxims Addressed to Young Ladies, on Their First Establishment in the World*, London: T. Cornell, p.58. <https://archive.org/details/thoughtsinformm00howagoog> (accessed 19 January 2014).

³¹ Blau, *Exchange and Power*, p.17.

affected prestige, enhancing and consolidating status, extending the reputation of members of the elite and, increasingly, of the middle class as well'.³²

In a way, exchanging recipes led to the donor building up a stock of 'social credit' in the form of reliability and trustworthiness, in the same way as the extension of monetary credit was reliant on a reputation for honesty and diligence in paying back one's debts.³³ The fulcrum of the balance of expectation and reward is the concept of kindness, which Linda Pollock describes as 'the bridge between instrumental and sentimental friendship' and as the kind of 'thoughtful assistance'³⁴ and sheer humanity that was surely sometimes at the root of the provision of recipes as helpful information.

In contrast to its fungibility, social capital is inalienable; that is, unlike financial capital, it is a resource that cannot be exchanged with anyone else.³⁵ Someone's social network and the value of the relationships within it are unique and not transferable. In addition, although an individual recipe is alienable and can be exchanged, once given as a gift and associated with its donor, it becomes inalienably linked to that transaction.³⁶ That is one reason the names of donors were so carefully recorded. 'Little presents' like a recipe are what Heal calls 'the small coin of social

³² Ben-Amos, 'Gifts and favors', p.337.

³³ For the early modern approach to credit see Craig Muldrew (1998) *The Economy of Obligation: The Culture of Credit and Social Relations in Early Modern England*, Basingstoke: Palgrave.

³⁴ Linda Pollock (2011) 'The practice of kindness in early modern elite society', *Past & Present*, 211:121–58, pp.138, 142.

³⁵ Nan Marie Astone, Constance C. Nathanson, Robert Schoen & Young J. Kim (1999) 'Family demography, social theory, and investment in social capital', *Population and Development Review*, 25:1–31.

³⁶ Carrier, 'Gifts, commodities', pp.125–6.

bonding' and are part of a 'continuing dialogue between giver and recipient'.³⁷ When a whole collection of recipes was offered as a gift, perhaps by a mother to a daughter on her marriage, its individuality and irreplaceability made it even more valuable in social terms.³⁸ A less sanguine view might include an element of control here, a prescription not only of the knowledge but of the 'right' way to do things, a 'trope of the gift' that Francus notes is inherent in the conduct manuals parents gave to their children.³⁹

Some recipes were commodities, for example those from a physician or apothecary when payment had already taken place for their supply. Others were provided as an obligation of labour, for instance from a nurse or midwife engaged by a new mother. What donors could not protect against was further circulation of recipes as social currency within the patient's network. However, with the exception of those assembling recipes for a printed collection, there is little evidence of the exchange of recipes itself being commoditised. King and Weaver report that in 1750 a Captain Dewhurst exchanged a pointer puppy worth around £4 for a recipe 'for taking down an accidental swelling made of origanum and turpentine'.⁴⁰ Hester Combe noted after a recipe for Oyl of St Johns Wort, 'A Docter offered 20 Guineas for the receipt'. Nevertheless, these seem to be exceptions. In most cases the recipe was a gift and the surrounding relationships were what was significant. This may be

³⁷ Felicity Heal (2008) 'Food gifts, the household and the politics of exchange in early modern England, *Past & Present*, 199:41–70, p.44.

³⁸ Leong & Pennell, 'Recipe collections', pp.133–52.

³⁹ Marilyn Francus (2009) 'Tis better to give: The conduct manual as gift', in Linda Zionkowski & Cynthia Klekar (eds), *The Culture of the Gift in Eighteenth-Century England*, Basingstoke: Palgrave Macmillan, 79–106, p.79.

⁴⁰ King & Weaver, 'Lives in many hands', p.195.

one reason why multiple recipes were often collected for the same ailment. For instance, Hester Combe recorded:

My Uncle John Brettys Way to make Medicine for Burn
Mrs Goodchilds Way to make Medicine for Burn or Scald
Betty Phills receipt for a Burn Reckoned exceeding good

And

My Way to make Medicine for green wounds
Another Way Mr Coates
Another I had of Mrs Casar at the Clock⁴¹

The personal touch is likely to have become even more significant as the volume of recipes available in print ballooned. Given an overwhelming amount of choice and widely different ways of treating a particular ailment, an individual recommendation from a family member or a friend, particularly one with a reputation for this kind of knowledge, might have been sought above all else. This was because of the final element in social capital, trust. Norms of reciprocity would be applied and some kind of payback received for the social currency expended, but there was also a requirement for trust in the efficacy of the remedies themselves, which was further translated into trust in the reliability of the supplier.⁴² The compiler of HMN 4/5 recorded 15 recipes for sore eyes, but wrote by one ‘This is my mothers eye watter and what she always kept by her’, so one can suspect this was the one she was most likely to use. In printed books aristocratic or royal names were often used to lend an air of authority and therefore promote trust, and this of course did occur in manuscript collections in some cases, but the personal connection seems to have been more important. This was especially the case when a donor reckoned a recipe to

⁴¹ Add MS 49373, BL.

⁴² Leong & Pennell, ‘Recipe collections’, p.133.

be particularly effective. For example, Anne Nicholson wrote ‘Provd good by Mrs Secull’, ‘Provd by my sister Eliz Nicholson’, ‘Provd by Anne Biglands’ and so on.⁴³ The more useful and efficacious the recipes proved to be, the greater the social capital thereby created for the donor. Where a recipe in a collection was crossed through or a word such as ‘no’ written against it, that person’s reliability also presumably suffered. If following someone’s recipe for a cake resulted in a stodgy lump, that might be irritating, but medical recipes could be dangerous as well as merely ineffective, particularly those containing ingredients such as metals and opiates, or abortifacients such as rue or pennyroyal when their effect was not the intention.

Thus it can be seen that the exchange and gifting of medical recipes functioned as a kind of social currency among the compilers of the collections under study, the investment of which produced a personal and unique stock of social capital that could be converted into other benefits through the norm of reciprocity, either in kind or in another form. Exchanging recipes was common enough to infer that those involved found the activity personally and socially beneficial over and above the information acquired from the remedies themselves. The result was that each recipe collection represented the endeavours and knowledge of a potentially large number of contributors in addition to the original and subsequent compilers.

⁴³ Add MS 30244, Anne Nicholson Biglands, 1707–42, BL.

The social life of recipes⁴⁴

Individual recipes could almost be said to have a ‘social life’ in their travels around the intersecting networks of eighteenth-century polite society. Dissemination of recipes was a way of demonstrating friendship, but also of ‘topping up’ or maintaining a network of acquaintances that might otherwise be rather fragile⁴⁵; a means of boosting one’s social capital. In fact, Goldstein views manuscript recipe books as an emphasis ‘in visual form [of] the network of social relationships that constructs them’.⁴⁶

Amanda Herbert’s study of female alliances has identified how women at all levels formed social networks in the multiple spaces in which they moved, including their own and others’ households, but also the spa and urban areas. She sees the relationships thus formed as beneficial for improving women’s knowledge and skills, obtaining advantages either financially or socially, and offering support. They were important because the kind of associations and coffeehouse clubs that men frequented were not available to women, so they had to find other mechanisms. Herbert notes that gifts were an important part of such relationships, and elaborates on how recipe books were circulated to share information and advice, particularly in ‘defend[ing] female knowledge... from influences they perceived as threatening, such as that coming from male physicians’.⁴⁷

⁴⁴ Heading suggested by James Davies (2006) ‘Julia’s gift: The social life of scores, c.1830’, *Journal of the Royal Musical Association*, 131:287–309.

⁴⁵ Elizabeth Eger (2012) ‘The Montagu Letters – from archive to edition’, *Writing Materials: Women of Letters from Enlightenment to Modernity*, King’s College London/V&A Museum, London, 29–30 November.

⁴⁶ Goldstein, ‘Recipes for authorship’, p.93.

⁴⁷ Amanda E. Herbert (2014) *Female Alliances: Gender, Identity, and Friendship in Early Modern Britain*, New Haven, CT: Yale University Press, pp.2, 13, 18, 55, 103, 108.

My research has identified examples of three different kinds of networks involved in the circulation of knowledge through the social currency of manuscript medical recipes: familial, sociable and political. The rest of this chapter will illustrate these with a detailed case study of each type.

A familial network: Lady Baillie, Lady Murray and Lady Stanhope

A quarto-sized bound volume among Grisell, Lady Stanhope's papers in the Kent History Centre⁴⁸ bears the inscription 'Physical Receipts 1746' and the notation: 'Those marked G.B. copied from my Aunt Murrays receipt book'. That 'Aunt Murray', Grisell Baillie who married Sir Alexander Murray of Stanhope, was just one of this family of extraordinary women, many of whom had more than a passing interest in medical recipes and healthcare.⁴⁹

The group of women begins with Grisell Hume (1665–1746), who married George Baillie, son of Robert Baillie of Jerviswood, a conspirator in the Rye House Plot against Charles II. At the age of 12 Grizel had delivered letters from her father to the elder Baillie in prison, and later smuggled food to her father when he was in hiding following Baillie's hanging.⁵⁰ She was described as 'middle-sized, well made, clever in her person, very handsome, with a life and sweetness in her eyes very

⁴⁸ U1590/C43/2, KHC.

⁴⁹ <http://www.clanmacfarlanegenealogy.info/genealogy/TNGWebsite/getperson.php?personID=I36948&tree=CC>, accessed 22 March 2014.

⁵⁰ Biographical information from Barbara C. Murison (2004) 'Baillie, Lady Grisell (1665–1746)', *Oxford Dictionary of National Biography*, Oxford: Oxford University Press, <http://www.oxforddnb.com/view/article/1061>, accessed 24 March 2014. All the women's names are variously spelt Grisell, Grisel and Grizel, but I have chosen the first as that most often used in family memoirs.

uncommon, and great delicacy in all her features'.⁵¹ She insisted on marrying George despite other suitors having better prospects, and it appears to have been a love match; their daughter Grisell wrote in her memoir of the couple: 'I have heard my mother declare, that they never had the shadow of a quarrel, or misunderstanding, or dryness betwixt them, not for a moment'.⁵² George became a lord of the Treasury in 1717 and Lady Baillie managed his estates as well as those of her father and brother. She wrote poetry and songs, and a volume of domestic advice, *The Household Book of Lady Grisell Baillie*. The inscription on her gravestone reads, among other encomia:

At different times she managed the affairs
of her father, her husband, her family, her relations,
with unwearied application, with happy economy,
as distant from avarice as from prodigality.⁵³

While Lady Baillie kept extremely detailed accounts, they are not publicly available other than in an edited edition.⁵⁴ This is limited in scope because of the extent of the original records and in any case, as with all domestic accounts, it is difficult to estimate the overall amount of expenditure on medicine within the household⁵⁵ since many of the ingredients could equally be used as food. However, it is possible to spot ingredients such as camomile, hartshorn jelly, mugwort water, myrrh, spermaceti and

⁵¹ Lady Grisell Murray of Stanhope (1822) *Memoirs of the Lives and Characters of the Right Honourable George Baillie of Jerviswood, and of Lady Grisell Baillie*, Edinburgh: n.p., p.56.

⁵² *Ibid.*, p.3.

⁵³ *Ibid.*, Appendix III.

⁵⁴ Robert Scott-Moncrieff (ed. & intro.) (1911) *The Household Book of Lady Grisell Baillie (1692–1733)*, Edinburgh: Scottish History Society. This has also been examined in Jasmine MacDonald (2010) 'The Baillies of Mellerstain: The household economy in an eighteenth-century elite household', MA dissertation, Saskatoon: University of Saskatchewan.

⁵⁵ As opposed to expenditure externally, in terms of physicians, surgeons and apothecaries, which in this instance was an average of £7 over the 21 years from 1693–1714 inclusive, out of total expenses of £630, the same amount as was spent on pocket money and less than a fifth of the outlay on clothes. Scott-Moncrieff, *Household Book*, Appendix V.

spirits of wine, whose use was almost certainly medical, as well as raisins, rhubarb and sugar, which were likely to have been employed for both food and medicine.⁵⁶ ‘White wine for physic’ and ‘Emetic wine’ are also listed.⁵⁷ Furthermore, Pennell has identified a manuscript in the Folger Shakespeare Library in Washington, DC as connected with the Baillie family (it contains George Baillie’s bookplate dated 1724 as well as references to Mellerstain) and quite possibly to Lady Baillie herself. There are subsequent additions by her daughter, Lady Murray, and this may be the volume from which Lady Stanhope copied so many recipes.⁵⁸ There was a medicinal herb garden at the family’s house in Mellerstain, near Roxburgh, and Lady Baillie’s interest in medicinal herbs is indicated by the visits she detailed in 1731–33 to the physic garden at Leyden and the ‘Garden of the Simples’, the Orto Botanico in Padua⁵⁹; furthermore, expenditure on such items as capillaire water,⁶⁰ cinnamon water and a ‘physic bag’ can be seen in the accounts of this tour.⁶¹ Lady Baillie and Lady Murray had accompanied the latter’s sister Rachel (1696–1773) and her husband Charles Hamilton, Lord Binning; they were Lady Stanhope’s parents and the trip was to try to improve his health, although he died in Naples at the end of 1732.

At least one of the Baillies’ daughters, Grisell (1692–1759), Lady Murray after her marriage, perpetuated her mother’s interest in healthcare and kept a recipe

⁵⁶ *Ibid.*, Appendix I.

⁵⁷ *Ibid.*, Appendix II. These were not included in Scott-Moncrieff’s estimate of medical expenses.

⁵⁸ Pennell, ‘Making livings’, pp.236–8. The lengthy Folger manuscript is MS W.a.111; a comparison with the Stanhope volume in the Kent History Centre (see later), also running to hundreds of pages, might be worthwhile future research.

⁵⁹ Scott-Moncrieff, *Household Book*, pp.387, 399.

⁶⁰ Maidenhair fern.

⁶¹ Although that is far outweighed by the amount spent on chocolate, a staggering £2 16s 3d in Venice alone.

book, extensive copyings from which are in the volume compiled by that Grisell's niece, Grisell, Lady Stanhope. Among those recipes were some noted as being from the Baillie family and the Countess of Marchmont, Lady Baillie's mother, as well as others from friends of Lady Murray's such as Mary Lepel, Lady Hervey.⁶² A number originated from various people encountered on the journey to Europe in the 1730s, including one (of several) from a 'Marquise Rinncini' for 'a hickup', which runs:

To hold your nose & stop both ears very hard, while somebody holds a glass of water to your head, which you must drink down as gently & slowly as you can, & keep your breath as long as possible. This infallibly cures.

Grisell Baillie, said to be 'handsome, much in fashion, and greatly admired'⁶³ as well as being christened 'The sweet-tong'd Murray' in John Gay's poem 'Mr Pope's Welcome from Greece' (c.1776), had married Alexander Murray in 1710 at the age of 17. After being granted a formal separation she lived with her parents until the end of their lives and then with her sister Rachel, so she would have been well known to Lady Stanhope.

The third woman in this familial network was Grisell Hamilton (1719–1811), the daughter of Rachel, Lady Binning, Lady Murray's sister.⁶⁴ She married Philip, 2nd Earl Stanhope, a Fellow of the Royal Society with a lifelong interest in mathematics. Their son Charles (1753–1816), who became the 3rd Earl and Viscount Mahon, also studied mathematics and the new development of electricity, and was

⁶² Lady Hervey writes of 'enjoying the conversation of my dearest, oldest friends, Lady Murray and her family' at Mellerstain. Letter dated September 11, 1756. Lady Mary Hervey (1821) *Letters of Mary Lepel, Lady Hervey*, London: John Murray.

⁶³ Murray of Stanhope, *Memoirs*, p.155.

⁶⁴ Biographical information from G. M. Ditchfield (2004) 'Stanhope, Charles, third Earl Stanhope (1753–1816)', *Oxford Dictionary of National Biography*, Oxford: Oxford University Press; online edn, Jan 2008, <http://www.oxforddnb.com/view/article/26241>, accessed 22 March 2014; <http://www.cracroftspeerage.co.uk/online/content/stanhope1718.htm>, accessed 22 March 2014.

responsible for various inventions, including a printing press, a microscope lens and a calculating machine.⁶⁵ Lady Stanhope is said to have ‘entirely sympathised’ in her husband’s ‘pursuits and opinions’; about her it was said that ‘no one came into her society without observing the charm of her manners and the cultivation of her mind’.⁶⁶ Furthermore, like her grandmother’s, ‘[h]er household was ordered with exact regularity and discipline’.⁶⁷ Lady Stanhope consulted celebrated medical men when required, and recorded the advice they gave in her recipe book. She was attended by George Cheyne when Charles had smallpox,⁶⁸ and the family spent a number of years in Geneva under the care of Théodore Tronchin (1709–81), a Fellow of the Royal Society and a favourite of the elite whose simple philosophy Lady Stanhope summed up as follows:

Charles is very well, but we have put him under the management of Dr. Tronchin, who says he wants only to be strengthened, a moderate diet, a good deal of exercise and fencing as it opens the chest. He has also ordered him to read and write chiefly standing at a high desk. We follow these rules strictly. One other article is to keep him warm in his body, dry in his feet; a thin nightcap and a light hat or no hat at all.⁶⁹

A folder of prescriptions from Tronchin is among her papers.⁷⁰ At the other end of the reputation scale, Lady Stanhope recorded a ‘Calabrese plaster bought from Quack at Naples upon promise not to discover it’.⁷¹

⁶⁵ <http://www.britannica.com/EBchecked/topic/563134/Charles-Stanhope-3rd-Earl-Stanhope>, accessed 25 March 2014.

⁶⁶ This rather eulogistic description comes from a biography of her son: Ghita Stanhope & G.P. Gooch (1914) *The Life of Charles, Earl Stanhope*, London: Longmans, Green, p.2.

⁶⁷ *Ibid.*, p.3.

⁶⁸ U1590/C43/2, KHC, ‘A gargle in the small pox, given by Dr Cheney to Master Charles Hamilton at Bath, which saved his life’.

⁶⁹ Letter dated October 1764. Stanhope & Gooch, *Life of Charles*, p.5. It is interesting to note the advice to work standing up in the light of modern research demonstrating its benefits.

⁷⁰ U1590/C43/3, KHC.

⁷¹ U1590/C43/2, KHC.

However, by far the highest proportion of recipes in her collection are those she took the trouble to copy out from her aunt. To maintain the familial network over yet more generations, she also sent selected recipes to members of her family.⁷² For instance, she recorded a ‘receipt for a sore throat before it breaks’ in a letter addressed to ‘Lord or Lady Stanhope’; that is, Charles or his wife Hester Pitt.⁷³ There is also a sheaf of recipes noted as belonging to Lucy, Countess Stanhope (wife of the 1st Earl Stanhope and Philip’s mother), but marked with a date of 1746, the same as Lady Stanhope’s book of ‘Physical Receipts’ and some years after the Dowager Countess’s death.⁷⁴

These three women thus represent a strong inheritance of interest and skill in domestic medicine over three generations. The connections between them and also with the rest of the family must have strengthened the bonds between them, as well as encouraging younger members to learn from and build on their expertise.

A sociable network: Caroline Powys and friends

Family recipes were also important to Caroline Powys, who noted at the beginning of her collection: ‘All the following receipts I had either from the ladies themselves or from old family manuscript ones’.⁷⁵ She also records a complicated recipe for lavender drops with the annotation: ‘I have a little of these lavender drops now of my father Powys made by the above receipt which are far superior to any one buys’. Nevertheless, a study of her recipe book and journals illustrates a wide range of

⁷² U1590/C43/2 and U1590/C43/5, Grisell, Lady Stanhope, 18th century, KHC.

⁷³ U1590/C43/5, KHC.

⁷⁴ U1590/C43/4, KHC.

⁷⁵ Add MS 42173, BL.

donors overall, varying in terms of gender and status, and providing an excellent example of a network based largely on social relationships.

Caroline Girle (1738–1817) was the only child of John Girle, Surgeon in Chief at St Thomas’s Hospital, and Barbara Slaney. In 1762, when she was 24 and he 28, she married Philip Lybbe Powys⁷⁶ (1734–1809) of Hardwick House in Whitchurch, Oxfordshire, who became a JP and Deputy Lieutenant of the county. They had four children, one of whom, also named Caroline, died at nine months, and nineteen grandchildren.⁷⁷

Climenson, the editor of Caroline’s diaries, claimed she had ‘pleasant eyes, a well-shaped nose, and a rather prominent chin, denoting firmness of character’, adding ‘our Caroline was dubbed “a very little Madam”, and in later life... she was rather embonpoint’. She further noted that Philip was ‘a fine man, with good features, a high forehead, an aquiline nose, bright blue eyes’.⁷⁸ Caroline was close friends with Cassandra Leigh, later Jane Austen’s mother, and one of Austen’s biographers characterises the Powys brothers as ‘tall [and] handsome’.⁷⁹ Caroline

⁷⁶ The family is often incorrectly referred to as Lybbe Powys or Lybbe-Powys, but Lybbe was in fact Philip’s middle name, after his mother, wealthy heiress Isabella Lybbe. The family complicated the matter in 1863, when one Philip Lybbe Powys left his wife but was unable to obtain a divorce, so changed his name to Powys Lybbe by royal licence and set up home under that name with his new ‘wife’ (Tim Powys-Lybbe (n.d.) ‘The persistence of a genealogy error, the evidence’, *Powys-Lybbe Ancestry*, http://powys.org/jane_austen_soc/index.html, accessed 21 March 2014). I am indebted to Philip and Caroline’s great-great-great-great-grandson Tim Powys-Lybbe for his genealogical research.

⁷⁷ Biographical information drawn from Anne Pimlott Baker (2004) ‘Powys, Caroline (1738–1817)’, *Oxford Dictionary of National Biography*, Oxford: Oxford University Press, <http://www.oxforddnb.com/view/article/68336>, accessed 30 May 2010; and E.J. Climenson (1899) *Passages from the Diaries of Mrs Philip Lybbe Powys of Hardwick House, Oxon AD 1756 to 1808*, London: Longmans, Green.

⁷⁸ Climenson, *Passages from the Diaries*, pp.99, 111.

⁷⁹ The relationship with the Leigh and Austen families was a close one on both sides. Philip’s brother Tom, a clergyman, was an admirer of Cassandra Leigh, but had insufficient prospects to propose marriage. The Powyses’ daughter Caroline Isabella (the second named Caroline)

herself wrote in a letter to her friend Bessy just after her marriage that Philip was ‘in every respect the man I wished, and I really think I shall tell you the same seven years since’. She was delighted to become mistress of Hardwick, ‘a large old house, about twelve rooms on a floor, with four staircases, the situation delightful, on the declivity of a hill, the most beautiful woods behind, and fine views of the Thames and rich meadows in front’.⁸⁰ They shared the house with Philip’s father, a widower, and Caroline’s widowed mother lived nearby in Reading. They do indeed appear to have had a happy and companionable relationship: Caroline wrote around the time of their 41st wedding anniversary that they were ‘I believe I may most sincerely say as perfectly happy as tis possible to be’.⁸¹

Thirteen volumes of Caroline’s journal have survived⁸²; Climenson’s nineteenth-century edited version (1899) contains extracts from a further seven volumes and various family papers, which have since been lost. There is also a carefully written, leather-bound recipe book,⁸³ inscribed on the first page ‘Caroline Powys, 1762’, the year of her marriage, with about 60 pages of assorted recipes. Table 6.1 is a transcription of the first page of the index at the back, which includes cookery, especially pastries and preserving; small-scale medical preparations, such as calves’ foot jelly, often served to invalids, and saline draughts; domestic

was later to marry Cassandra’s nephew, Edward Cooper. Information from Deirdre Le Faye (2004) *Jane Austen: A Family Record*, Cambridge: Cambridge University Press, p.8; and David Nokes (1998) *Jane Austen: A Life*, Berkeley, CA: University of California Press, p.25, quoted at http://powys.org/jane_austen_soc/index.html, accessed 30 May 2010.

⁸⁰ Climenson, *Passages from the Diaries*, pp.97–8.

⁸¹ Add MS 42162, August 3, 1803, BL.

⁸² Add MS 42160–42172, 1756–1808, BL.

⁸³ Add MS 42173, BL.

maintenance, for example recipes for grease removal and paint; and decorative arts, including shell work and Japanning.⁸⁴

There is no definitive evidence that Caroline made up any of these remedies, although there are occasional additions indicating omissions or improvements, and one recipe marked 'most excellent'. The rest of the recipes are quite simple, so it is feasible that either Caroline or her housekeeper did manufacture them. 'The Cooks Book' at Hardwick House,⁸⁵ maintained by various cooks over the period 1748 to 1753, records details of household expenditure. It includes purchases of bole armoniac, wormwood and brimstone, as well as the mustard seeds to be discussed shortly; while these might have other culinary or household applications, they are all mentioned in the recipe book.

⁸⁴ Climenson (*Passages from the Diaries*, p.159) explained that Caroline 'was a skilled needlewoman... She embroidered, worked in cloth, straw plaited, feather worked, made pillow lace, paper mosaic work, &c., dried flowers and ferns, painted on paper and silk, collected shells, fossils, coins, and was a connoisseur in china, &c.'

⁸⁵ Now in the Lewis Walpole Library at Yale University, which supplied me with a set of digital photographs. LWL Mss Vol. 213.

Table 6.1 First page of index from Caroline Powys' recipe book

1	Lemon cheesecakes
	Cherries in brandy
2	Blamange
	Rich plumb pudding
	Calves foot jelly
	Get grease out of stone halls
3	Saline draughts
	Lemon cream
	Preserve flowers
4	Cement for shell work
	To candy flowers for deserts
	Sugar'd currants do
	Clean India cabinets
5	Another cement for shell work and for silk
	Clean gold or silver silks
6	Cold cream for childrens faces after the small pox
	Paste for the hands
7	Excellent lip salve
	A cheap green paint
	To clean black lace
	Parchment size
8	A Japan

Most of the medical recipes are for a limited range of conditions, and my detailed study of the journals established that a number of these were suffered by at least one of the extended family. For instance, Philip's 'complexion (a rosy one), shows signs of the roughness produced by the ravages of small-pox', which Caroline described as giving him 'a good rough manly face',⁸⁶ and in the recipe book there is a 'Cold cream for childrens faces after small pox'. All Caroline's surviving children

⁸⁶ Climenson, *Passages from the Diaries*, p.99; Add MS 42172, BL, Letter from Caroline Powys to her friend Betsy in Derbyshire, October 22, 1762.

and at least three of the grandchildren were inoculated against the disease – Henry, for instance, ‘had the smallpox as favourably as possible’⁸⁷ – although there is no indication of whether the family switched to vaccination when that was introduced at the very end of the century. Caroline mentioned several times suffering from rheumatism, which afflicted her for five out of the six weeks she spent at Bath one year, and Philip was also prone to the complaint, to the extent of being confined to the house.⁸⁸ Caroline said she was ‘so bad with the rheumatism in my right hand had hardly any use of it for many weeks’,⁸⁹ and eventually she became unable to write, ending her prolific journal-keeping in 1808 although she lived for a further nine years. In the recipe book are various recipes for rheumatism, ranging from mustard whey – made by boiling mustard seeds in milk – to a tablespoon of mustard seeds in wine or water,⁹⁰ or mouthwashes made from guaiacum chips or bugbane tea.

Caroline’s most frequent complaint was a cold, sometimes described as ‘violent’ and lasting for weeks or even months. About one episode she wrote, ‘I was too ill to go to church had not been the 2 Sundays before and my cold made me so totally deaf, I could not hear a word said, or the clock strike in the room where we set’.⁹¹ She recorded a number of recipes for colds and fevers, coughs and sore throats, one in particular still familiar to us today: ‘a large spoonful of honey to a pint

⁸⁷ Add MS 42160, BL, October 25, 1793.

⁸⁸ Add MS 42160, BL, March 15, 1786; Add MS 42161, BL, November 14, 1798.

⁸⁹ Add MS 42163, BL, June 9, 1808.

⁹⁰ Mustard is a simulant (Aiken, *Materia Medica*, p.172) and was used in preparations such as these and in poultices to provoke perspiration, which was said to be obstructed in rheumatism: Buchan, *Domestic Medicine*, p.388. It is still recommended as a topical treatment for rheumatism today: <http://www.drugs.com/npp/mustard.html>, accessed 28 May 2015.

⁹¹ Add MS 42161, BL, October 28, 1798.

of water a little lemon juice (& a little rum if liked)'. Mrs Floyd's remedy for a cold or hoarseness is rather more unpleasant:

two oz of kidney suet of a weather sheep shred very fine, put it into a pint of cold milk, let it boil a good while, then strain it thr'o a lawn sieve, take a few large spoonfulls now & then stirring it, always take some going to bed.

Caroline evidently held the prevalent belief at the time that colds were caused by exposure to low temperature or draughts, writing at one point: 'I went in the coach there but caught cold, though the weather was now so warm we set with the sashes open.'⁹² She also noted delays in taking the waters for both herself and Philip while at Bath because of colds. Other illnesses suffered by various members of the family included influenza, whooping cough, scarlet fever, measles, gout and consumption.

The journal also illustrates that given the prevalence of illnesses of all kinds, the predominant concern was to avoid being ill in the first place. That Caroline, herself the daughter of a medical man, was aware that diet, exercise and a healthy environment were important is indicated in her description of her father-in-law on his death: 'he lived to seventy-five years of age without knowing what illness was till that which carried him off, for by great temperance and great exercise, he was certain of a great share of health'.⁹³ When her son Philip was recovering from an eye injury, she wrote:

It is hardly possible to imagine with what fortitude he bears the sufferings he has gone through, though he has not since the accident tasted a bit of meat or drank a drop of wine, had a perpetual blister ever since, and blooded every three or four days for many weeks. His health is certainly better than even I knew it, most probably from the discipline, some of which might be necessary for a young man in full health

⁹² Add MS 42162, BL, April 14, 1807.

⁹³ Add MS 42160, BL, September 14, 1779.

with a good appetite, and who never minds over-heating himself in shooting, cricket &c.⁹⁴

She also reminded herself while taking the waters: ‘one small glass wine a day’.⁹⁵ The couple maintained their health (as well as of course their friendships and social position) by making regular visits to Bath, which she called ‘my favorite place’,⁹⁶ writing: ‘we went to Bath for Mr Powys health, but he soon received benefit from the waters, and haveing members of our acquaintance there, made us pass 6 most agreeable weeks’.⁹⁷ They normally left for the spa in January or February, in the middle of the season, which ran from October to June.

Sea air was a particularly welcome health benefit: one year the couple visited Ramsgate, where they walked on cliffs for an hour before breakfast each day and she decided: ‘tis certainly wonderful the effect of the sea breezes, as I’m certain had I walk’d in such winds at Fawley, I should immediately had violent colds and I do not remember I had one the whole 3 weeks I was there.’⁹⁸ In parallel to the mineral springs of the spa towns, sea water was also a fashionable treatment, both to drink and to bathe in; Caroline noted that her daughter-in-law Elizabeth ‘was greatly better for sea bathing’.⁹⁹

Caroline did consult physicians, although she was careful to choose one she knew socially: ‘Dr Mapleton who had formerly been a near neighbour to us’.¹⁰⁰ He

⁹⁴ Letter dated December 30, 1785, Climenson, *Passages from the Diaries*, p.220.

⁹⁵ Add MS 42162, BL, January 23, 1807.

⁹⁶ Add MS 42160, BL, March 15, 1786.

⁹⁷ Add MS 42160, BL, 1780. Some years later, however, when she notes there were ‘Sixteen thousand strangers at Bath in the season’, she talks rather sniffily of the changes the *bon ton* were attempting to bring in, including young ladies wearing next to nothing and staying up late (Add MS 42162, BL, January 28, 1805). *Plus ça change*.

⁹⁸ Add MS 42162, BL, August 25, 1801.

⁹⁹ *Ibid*.

¹⁰⁰ Add Ms 42161, BL, April 2, 1799.

recommended various treatments; she recorded: ‘too low and nervous to be blooded I was by Dr Mapletons advice cupt by Mr Grant’.¹⁰¹ Caroline also resorted to blisters.¹⁰² ‘I who have terrible rheumatics was seized with such a violent pain in my face, I could get no sleep for many nights, but at last by a blister was perfectly cured of the most dreadful I think of all pains.’¹⁰³ However, she most often consulted the family’s apothecary, Mr Coulson, whom she also knew socially, noting in her journal dinners with him and his wife. Coulson inoculated at least one of the grandchildren against smallpox, helped with childbirth and was summoned in emergencies to various family members, as on one occasion when Caroline’s mother was ill:

I was terribly alarmed by an express from my mother’s servant, who, on going into the parlour about two o’clock, had found her fallen back in her chair quite insensible, and all over blood. We went immediately to her, and sent for Doctor Taylor, but fortunately our apothecary, Coulson, lived next door, and by blisters, bleeding, and leeches, she was then greatly recovered before the doctor came.¹⁰⁴

Coulson was even taken from Oxfordshire to Southampton when one of the sons-in-law fell ill, because ‘we thought Mr Powys taking the apothecary who he had a high opinion of was the best thing we could do’.¹⁰⁵ The way these trusted practitioners were used chimes with Smith’s work on the three-way relationship between doctor, patient and patient’s family, and the active intervention of members of the family in each other’s healthcare,¹⁰⁶ as well as signalling the rise of the apothecary in both professional and social status.

¹⁰¹ Add MS 42161, BL, April 19, 1799.

¹⁰² Using a hot plaster to cause a blister on the skin, which would then force the ‘illness’ in terms of blood or other fluid out of the body, allowing it to be drained.

¹⁰³ Add MS 42162, BL, April 2, 1806.

¹⁰⁴ Add MS 42161, BL, November 14, 1798.

¹⁰⁵ Add MS 42161, BL, September 2, 1797.

¹⁰⁶ See for instance Smith, ‘Reassessing the role of the family’.

One more extract from Caroline's journals gives an example of almost every kind of medical assistance being used together. A nosebleed might be considered a minor problem, but it necessitated an apothecary, a surgeon and a physician, plus the application of a proprietary remedy, which was even recommended by the physician:

I went to church at half-past ten. Mr Powys was just then taken with a bleeding at the nose; but, as much used to it, he desired I'd go, and he would follow me. But having stayed out the service in great anxiety, I return'd home and found it still bleeding, and had never ceased. I sent to the apothecary, who gave him something without effect. I then sent for Mr Grant, the surgeon, who advised me to send to Dr Mappleton as acquainted with his constitution. The doctor being out, it was between four and five in the afternoon before he came. Poor Mr Powys was near fainting, and I from my fears could hardly support it. But the doctor begg'd me not to be alarmed, as he was almost certain he could stop it by Ruspini's Styptic, which was directly sent for, and as soon as applied stopped the bleeding and most thankful was I, as he was really nearly exhausted, and the loss of blood must have been immense. The doctor told us he knew not what it is, but though a quack medicine, it was wonderful the cures he had known by it in wounds, inward bruises, or bleeding at the nose, and he advises every one to keep some in their house which I certainly shall.¹⁰⁷

Regrettably, Philip's death ten years later was occasioned by 'a melancholy accident' that no medicine or physician could have prevented: he 'had returned from Oxford... in a postchaise, as far as Assenden, where he got out to walk to his residence at Fawley, but from the darkness of the night missed his way, and fell into a pond, and was unfortunately drowned'.¹⁰⁸

As Appendix 4 shows, of the 143 recipes in the Powys volume, only 15 have no source listed, indicating the importance accorded to the provenance of this kind of information. Another 12 (arguably 13, if Mrs Fisher at the Crown Inn is included in this category) are from tradespeople with the relevant expertise, such as a recipe to black picture frames from a frame maker or one to clean white cloth from a tailor,

¹⁰⁷ Add MS 42161, BL, April 14, 1799.

¹⁰⁸ *Oxford Journal*, April 22, 1809, www.britishnewspaperarchive.co.uk, accessed March 24, 2014. By this time Hardwick was occupied by the couple's son Philip, his wife Louisa Michell and their five children (Add MS 42160, BL, May 1, 1792).

illustrating the crossing of status boundaries noted by Withey in his survey of Welsh recipe books.¹⁰⁹ Of the remainder, 31 are from people it has not been possible to identify, 3 can be recognised as from printed sources (Sir William Temple's essays and Lord Chesterfield's letters), while my research has revealed that the majority of the remainder come from family sources or donors whose family name at least is present in Caroline's diaries.¹¹⁰ Both families were well connected – Caroline's father had been Surgeon in Chief at St Thomas's Hospital and a member of the Royal Society; her father-in-law was a wealthy landowner who was friendly with the Duke of Marlborough; and Caroline herself was on speaking terms with Queen Charlotte¹¹¹ – so the recipes that are said to originate with a royal surgeon and apothecary may also have come at first hand. The recipe book thus functions as what Pennell terms 'a suggestive shorthand map not only of the geographical, but also of the social connections... of the compiler(s)'.¹¹²

Since her recipe book appears to have been compiled chronologically, it is probable that Caroline copied out older family recipes first, then added to the collection on later occasions as she developed her own network of friends and was given recipes by other people. It can be speculated that she in her turn reciprocated with recipes, although there is no direct evidence of this from the surviving records. Exchanging recipes was part of neighbourly behaviour and reciprocation would have been expected in the same way as visits and dinner invitations were both given and received – Caroline's journal describes 'a constant repetition of dinners at each

¹⁰⁹ Withey, *Physick and the Family*, loc. 232.

¹¹⁰ Thus providing at least some of the corroborative evidence that Michele DiMeo recommends to avoid 'room for error' in 'a micro-study of an individual's network' based on a recipe book; 'Authorship and medical networks', p.27.

¹¹¹ Climenson, *Passages from the Diaries*, p.159.

¹¹² Pennell, 'Perfecting practice?', p.243.

mansion within 7 or 8 miles round' in what she terms 'so excellent and agreeable a neighbourhood as this' of gentry and minor aristocrats on the Berkshire/Oxfordshire border.¹¹³ Within such a neighbourhood, described by Sara Mendelson as a 'collective entity... made up of those families of roughly equal status who acknowledged reciprocal ties of friendship facilitated by geographical propinquity',¹¹⁴ the social currency produced by the exchange of recipes oiled the wheels of friendship, support and assistance.

The close links between the journals and individual entries in the recipe book also reveal that recipes collected from this kind of sociable network could function as a form of diary in themselves, allowing them to be remembered in association with particular visits or events. Leong notes the same of Archdale Palmer's collection, commenting that it may have 'shared a dual role as a social diary', as, like Caroline's, his volume was compiled chronologically and the date of receipt of the recipe was also recorded.¹¹⁵

A political network: Aristocratic connections

Two anonymous and previously unconnected recipe books in the Bedfordshire and Luton archives demonstrate the extension of a sociable network to one with potential political undertones. The first collection, containing some recipes dated to the 1780s, is identified by the archive as having belonged to a member of the Pym family of

¹¹³ Add MS 42160, BL, 1793.

¹¹⁴ Sara Mendelson (2007) 'Neighbourhood as female community in the life of Anne Dormer', in Stephanie Tarbin & Susan Broomhall (eds), *Women, Identities and Communities in Early Modern Europe*, Aldershot: Ashgate, 153–64, p.155.

¹¹⁵ Leong, 'Medical recipe collections', pp.140, 185.

Hasells Hall in Sandy, Bedfordshire.¹¹⁶ The second, which is much longer, dates to around the same time and no indication is provided as to its origin.¹¹⁷ However, based on a study of the donors of the recipes in these books, I have been able to establish that the compilers of both were from the same social circle. And this was quite some social circle, recipes in both collections originating from sources including Lady Torrington¹¹⁸ and her mother-in-law the Dowager Lady Torrington,¹¹⁹ Lady Elizabeth Fane,¹²⁰ Lady Monoux,¹²¹ and Lady Heneage Osborn and her two sisters.¹²² The compiler of X171/59 certainly knew the Pym family, as some of the recipes came from Mr or Mrs Pym.

Given the status of these women's husbands, their exchange of recipes may have come under the category of what Chalus terms 'social politics', which she defines as 'the management of people and social situations for political ends'.¹²³ Within the context of social capital, the desire to strengthen links between members

¹¹⁶ PM2996, BLA.

¹¹⁷ X171/59, BLA.

¹¹⁸ Lucy Boyle (1744–1792), daughter of John Boyle, 5th Earl of Cork, and wife of George Byng (1740–1812), 4th Viscount Torrington. They lived at Southill Park, Bedfordshire.

¹¹⁹ Elizabeth Daniel, widow of Major General George Byng (1701–50), 3rd Viscount Torrington.

¹²⁰ Lady Elizabeth Fane (d.1844), daughter of John Fane, 9th Earl of Westmorland. She married Sir John Lowther (1759–1844) in 1790.

¹²¹ The Monoux family lived at Wootton House in Bedfordshire. This would have been the wife of Sir Philip Monoux, 5th Baronet, d.1805.

¹²² Heneage Finch 1741–1820, daughter of Daniel Finch, 8th Earl of Winchelsea, and Mary Palmer, and wife of General Sir George Osborn, who fought for the British in the American Revolutionary War. They lived at Chicksands in Bedfordshire. Her sisters ('The Ladies Finch') were Hatton (d.1818) and Augusta (d.1797). The wider family were obviously keen on medical knowledge: an earlier recipe book (WYL72/134, WYAS) compiled in 1735 by Harriet Benson (c.1705–71), wife of MP George Fox (c.1697–1773) of Bramham Park in Yorkshire, features recipes from Lady Ann and Lady Martha Finch; Harriet's mother was Elizabeth Finch (c.1679–1757), daughter of Heneage Finch, 1st Earl of Aylesford, and there are also a number of recipes in the book from the Countess of Aylesford, Elizabeth's sister-in-law Mary Fisher, who was the great-aunt of the Finch sisters mentioned above.

¹²³ Elaine Chalus (2000) 'Elite women, social politics, and the political world of late eighteenth-century England', *Historical Journal*, 43:669–97, p.669.

of the elite who could be mutually useful to each other would have been a legitimate reason for fostering an active exchange of recipes and related knowledge. This is the kind of alliance that is much more difficult to trace in the records, since such primarily female connections were informal and outside institutional structures.¹²⁴ As Greig's exploration of the *beau monde* reveals, 'the social, the personal, and the political are inextricably connected' in elite society, and the 'everyday ways in which politics was practised' included 'interpersonal connections and exclusive networks', including those of women, whose 'central objective' was 'to protect and promote male kin'.¹²⁵

There are some identical recipes in the two volumes: a recipe for 'White balls to clean white broad cloth' noted as 'From Lady Torrington who had it from Mrs Dilkes' in PM2996 and just 'Mrs Dilks' in X171/59¹²⁶; and two recipes for the ague from Lady Elizabeth Fane and Lady Monoux, respectively. These must have been copied from the same source in each case. It is interesting that the compiler of PM2996 included both the original source and the subsequent donor, if relevant, whereas only the primary source was noted in X171/59; this occurs on more than one occasion, perhaps indicating that the writer of the latter, longer volume was more concerned with the provenance of the recipe than in the steps on its 'journey'. Other recipes imply oral transmission, such as these two variants of another remedy for the ague, this time from 'The Ladies Finch':

¹²⁴ Karen Robertson (1999) 'Tracing women's connections from a letter by Elizabeth Raleigh', in Susan Fry & Karen Robertson (eds), *Maids and Mistresses, Cousins and Queens: Women's Alliances in Early Modern England*, Oxford: Oxford University Press, 149–164, pp.149, 153.

¹²⁵ Greig, *Beau Monde*, pp.135, 137, 147, 235.

¹²⁶ This is unlikely to mean that the compiler of X171/59 was Lady Torrington, however, as both Lady Torrington and 'Old Lady Torrington' are mentioned as the donors of numerous recipes therein.

PM2996

A glass of brandy with a sufficient quantity of treacle stir'd in it to make it thick; to be drank just before the fit is coming on. The patient to be immediately put to bed.

NB This is a dose for a grown person – in other cases the dose must be proportioned to the age & strength of the patient.

X171/59

A glass of brandy made very thick with treacle, to be taken as the fit comes on, as soon as taken the patient to go to bed. It operates by perspiration.

N.B. They have given it with great success for this years ague viz. 1781

There is more variation in a recipe for cleaning mahogany tables. X171/59 has the simplified version:

Two ozs of alkany root, two ozs of rose pink powder one pint of linseed oil boiled

In PM2996 there is further detail:

4d worth of alkanet root

1 pint of cold drawn linseed oyl

2d worth of rose pink

Put them into a bottle & let them stand all night

Take some of the mixture & rub over the tables, letting it remain an hour, then take a clean linen cloth, & rub it well off

Once again, for this recipe PM2996 noted the source as 'The waiter's receipt at the Castle of Marlborough – Mrs Montagu from Mr Trollope', while X171/59 had merely 'Marlbrough'. One final example where this also happens is a recipe for a fomentation or poultice, which in PM2996 reads:

The Fomentation that Mr Fisher used to bring down the swelling of Master Monoux's arm when the shoulder was put out

Camomile flowers elder flowers marshmallows & wormwood an handfull each (both leaf & stalk of the marshmallows & wormwood) boil'd in four quarts of water, & the part to be fomented four times a day.

The version in X171/59 is as follows:

Dr Fishers Fomentation in case of a swelling arising from a dislocation or putting out of bones

Of chamomile flowers, elder flowers, marsh mallow and wormwood each one handful, wormwood and mallows are to be leaf and stalks, boiled in four quarts of water, and foment the part four times a day till the swelling is gone down, as no bone can be replaced whilst there is any swelling remaining.

Such repetition of recipes and passing of information from one donor to another are evidence of personal interactions that can only have reinforced the links between potentially influential contacts in this kind of ‘soft’ political network. Such an alliance would need to be ‘established or rewoven’ on a regular basis,¹²⁷ and reinforcing the connection through discreet assistance of this kind can only have helped achieve this.

Conclusion

One reason for the continuing exchange of the valuable advice and information contained in medical recipes was the creation and maintenance of a stock of social currency. Sharing knowledge was not an entirely altruistic act, but included an expectation of reciprocity of some kind in the future. One’s social capital could also be increased by fostering trust in one’s skill and the reliability of advice being provided, thus improving one’s reputational status in society. To illustrate, the chapter provided examples of different kinds of networks around which the social currency of recipes circulated: a familial network for the descendants of Grisell Baillie, a sociable network surrounding Caroline Powys, and a political network centred on a group of aristocratic Bedfordshire families.

¹²⁷ Greig, *Beau Monde*, p.2.

The eighteenth-century context for the knowledge represented by medical recipe collections – the *when* of Kipling’s ‘honest serving-men’¹²⁸ – was outlined in Chapter 1, and Chapter 2 discussed *where* by describing the material aspects of the manuscripts. The question of *what* they contained was covered at length in Chapters 3 and 4. Now that Chapter 5 and this chapter have considered *who* collected this information and *how* it was shared, Chapter 7 will bring all the elements together by investigating the domestic role of both women and men and providing some answers as to the function of this kind of knowledge in their lives.

¹²⁸ Rudyard Kipling (2008 [1902]) ‘The Elephant’s Child’, *Just So Stories*, <http://www.gutenberg.org/files/2781/2781-h/2781-h.htm>, accessed 30 May 2015.

7: The Role of Domestic Medical Knowledge

George Woodward (1708–90) was rector of the parish of East Hendred, Berkshire. He married Albinia Courthope (1708–80) when both were aged 40 and they had two children, imaginatively named George and Albinia. Woodward was a confirmed self-prescriber and only reluctantly consulted a physician. On one occasion he took rhubarb and then peppermint water when he had cholic and bowel problems, but after four days (and additional advice from the archdeacon to take tincture of rhubarb) he was no better and wrote, ‘my wife would have me send for our Dr. Cooper, which I did, and he prescribed some proper things for me’.¹ He routinely drank centaury tea after dinner, ‘for I have known it to be a great strengthener of the stomach, particularly in a sister of my wife’s who has been vastly recovered by it... so this is a regimen, that I intend to pursue’,² and when plagued with rheumatism wore a flannel sleeve and took gum guaiacum and rhubarb.³ Woodward also had firm ideas about the management of his children’s health. He wrote to his uncle, George London:⁴

I must return you my thanks for what you are pleased to say, with regard to our little boy ... his present disorder indeed is owing to the measles, which he had sometime ago, which together with a cold he had caught, has made him hold his head very much towards one shoulder; this too has been attended with a low fever, which we have almost got the better of by the use of the bark... I intend to give him asses’ milk, in order to recover his strength.⁵

¹ 21 June 1753, in Gibson, *Parson in the Vale of White Horse*.

² 5 October 1754. Centaury tea is still used to alleviate dyspepsia and heartburn.

³ 8 August 1761.

⁴ London lived at Long Ditton in Surrey and his father (George London, c.1640–1714) was Queen Anne’s chief gardener.

⁵ 29 September 1753.

George and Albinia reached a joint decision to have the children inoculated against smallpox: ‘I fancy it will be performed upon them about Michaelmas, a physician from Oxford, whom we have consulted, will be over here next week, and then we shall fix the time’.⁶

Albinia herself was well known for her medical knowledge: ‘Agues are much about, and my wife being a professed Sangrado for that distemper, has a multitude of patients, that come to her three or four miles around, and great success she has with her powders’.⁷ She also used her skill metaphorically, writing to London’s wife:

We were much concerned to find by my uncle’s last letter, that the complaint he had when Mr. Woodward was with you, had not left him ... if you Madam and he will give me leave, I think I can prescribe a remedy that would be of service to him, and that is taking a journey; and I have the more confidence in it, as I think travelling so much, (though even in bad weather) has mended my gentleman’s health, but as no physicians prescribe without a fee, I hope to be a gainer by it, and that his journey may be to Hendred.⁸

The Woodwards offer an example of a husband and wife who shared care for their family’s health, both with knowledge of health matters and the self-confidence to look after themselves first, before consulting a physician. George as a clergyman might have been asked for advice by his poorer parishioners when they were ill,⁹ and

⁶ 10 September 1757.

⁷ 19 April 1760. Dr Sangrado was a quack doctor in the French novel *L’Histoire de Gil Blas de Santillane* (1715–35) by Alain René le Sage, published in an English translation by Tobias Smollett in 1748.

⁸ 19 April 1755.

⁹ The role of clergymen in dispensing health advice is noted by Evans (*Aphrodisiacs*, p.46), Loudon (*Medical Care*, p.14) and Deborah Madden (2004) ‘Medicine and moral reform: The place of practical piety in John Wesley’s *Art of Physic*’, *Church History*, 73(4): 741–58, p.743, among others. Jacob refers to a clergyman who ‘regarded being “village doctor” and “village comforter” as essential parts of his pastoral work’ and records advice that ‘he should not let any go to law or to physic without first advising himself’; William Mungo Jacob (1982) ‘Clergy and society in Norfolk 1707–1806’, PhD thesis, University of Exeter, p.310. The Rev. James Clegg provided preparations and medical advice to his parishioners on a regular basis, and even received a ‘Diploma Medicum’ on application to the University of

Albinia as his wife would have been expected to provide charitable assistance,¹⁰ but their involvement in medical care seems also to have been a regular part of their own household activities.

Similarly, Sir John (1649–1721) and Lady Mordaunt (d.1733) swapped guidance on each other's health: 'I have been very uneasie my Dearest,' he wrote on one occasion, '...to find your cold continued so upon you that you had not gone out of the house for a weeks time I feare it is worse then you represent it to me, & would have you bleed or take asses milke, or some thing else that is proper for it, in time, before it seizeth too much upon you.'¹¹ In another letter he noted, 'I was a little faint at my first coming in, & very dry, I as I was resting my selfe & considering what to drink, it cam in my mind that my kind Wife had putt me up some spirits of Hars horne, which I took out of the box & smilt [smelt] wit, that reviv'd me for the present & 20 drops in water almost recoverd me.'¹²

As previous chapters have illustrated, these couples were not alone. Both women and men created recipe books, shared recipes and medical advice and took an active interest in health maintenance and care of the sick. The question this chapter seeks to answer is *why* domestic medical knowledge had such an important role,

Aberdeen, backed by testimonials from local physicians; Henry Kirke (1899) *Extracts from the Diary and Autobiography of the Rev. James Clegg*, Buxton: C.F. Wardley, October 1729.

¹⁰ Women's philanthropic role is captured by Hannah More in *Coelebs in Search of a Wife* (1809): 'Charity is the calling of a lady; the care of the poor is her profession'; ii 20, quoted in Anne Stott (2003) *Hannah More: The First Victorian*, Oxford: Oxford University Press, p.276). In relation to care of the sick, charity is discussed by Jane M. Adams (2003) 'The mixed economy for medical services in Herefordshire c.1770–c.1850', PhD thesis, University of Warwick, pp.8–11; Olwen Hufton (1983) 'Women in history: Early modern Europe', *Past & Present*, 101:125–41, pp.138–9; and Porter & Porter (*Patient's Progress*, p.25).

¹¹ CR/1368/1, 31 October 1698, Mordaunt of Walton, WCRO.

¹² CR/1368/1, 19 August 1701.

particularly when there was growing access to ‘professional’ assistance in the form of purchased medicaments and consultations with physicians, as well as a proliferation of advice in printed form. This research has shown there was still considerable interest in compiling manuscript volumes of medical recipes throughout the eighteenth century and into the nineteenth. Based on the evidence gathered for this study, I assert there were four interrelated reasons for maintaining a manuscript medical recipe collection and the knowledge it embodied: it was oeconomic, part of good household management; it was symbolic, representing the worth of the compiler and a family inheritance; it was personalised, fitted to the individual’s interests and concerns; and it was instrumental, offering its possessor a degree of agency in their own healthcare.

Oeconomic

Having the knowledge the recipe collections represented formed part of the practice of oeconomy, ‘good housekeeping’ or the ‘cultural architecture of the domestic economy’.¹³ Both women and men were expected to apply the managerial skills of oeconomy, men on a ‘global’, overarching level and women with a detailed involvement.¹⁴ Erickson maintains that the ‘[e]arly modern “oeconomy” depended overwhelmingly on the industry of husband and wife, and on their capacity to

¹³ Sara Pennell (1998) “‘Pots and pans history’: The material culture of the kitchen in early modern England”, *Journal of Design History*, 11(3):201–16; Karen Harvey (2012) ‘Paper power: The materiality of men’s domestic record-keeping’, *Writing Materials: Women of Letters from Enlightenment to Modernity*, 29–30 November, London: King’s College London/V&A Museum.

¹⁴ Karen Harvey (2011) ‘Men making home: Masculinity and domesticity in eighteenth-century Britain’, in K.H. Adler & Carrie Hamilton (eds), *Homes and Homecomings: Gendered Histories of Domesticity and Return*, Chichester: Wiley-Blackwell, 66–86, pp.78, 81.

cooperate', negotiations she terms the 'marital economy'.¹⁵ As a contemporary writer expressed it:

The Art of Oeconomy is divided... between the Men and the Women; the Men have the most dangerous and laborious Share of it in the Fields, and without doors, and the Women have the Care and Management of every Business within doors, and to see after the good ordering of whatever is belonging to the House.¹⁶

Such a division of labour was not absolute, however. Margot Finn gives the example of Thomas Turner, who purchased gooseberries and fish for the household; she comments that even though this may have occurred because his wife was frequently ill, 'he appears to have been unexceptional in his occasional participation in household purchasing'.¹⁷ Furthermore, this thesis has illustrated that men were as concerned as women with the management of the family's healthcare.

Harvey maintains that oeconomy was not a set of rules but rather more flexible practices, the way things were done within the household.¹⁸ It was recommended whatever the family's income, as a contemporary writer stressed: 'If your fortune be moderate, oeconomy is absolutely necessary. If considerable, method and prudence will render it doubly beneficial.'¹⁹ Men's involvement in day-to-day activities was part of a 'vision of virtuous and useful masculinity'²⁰ that was promoted alongside the prudent domesticity expected of women. It was a symbiotic

¹⁵ Amy Louise Erickson (2005) 'The marital economy in comparative perspective', in Maria Agren & Amy Louise Erickson (eds), *The Marital Economy in Scandinavia and Britain*, Aldershot: Ashgate, 3–20, p.3.

¹⁶ R. Bradley (1732) *The Country Housewife and Lady's Director, in the Management of a House, and the Delights and Profits of a Farm*, London: D. Browne, pp.vii–viii.

¹⁷ Margot Finn (2000) 'Men's things: Masculine possession in the consumer revolution', *Social History*, 25:133–55, p.138.

¹⁸ Karen Harvey (2012) *The Little Republic: Masculinity and Domestic Authority in Eighteenth-Century Britain*, Oxford: Oxford University Press, p.15.

¹⁹ [Howard], *Thoughts in the form of Maxims*, p.33,

<https://archive.org/details/thoughtsinformm00howagoog> (accessed 19 January 2014).

²⁰ Harvey, 'Men making home', p.81.

relationship: each needed the other for the home to function efficiently, and each depended on the other for their domestic happiness.

The doctrine of ‘separate spheres’ for men and women, public and private respectively, was implicit in much of the conduct literature of this period – Joseph Addison wrote ‘The Family is the proper Province for Private Women to Shine in’ and another commentator stressed that women should be ‘confined within the narrow Limits of Domestick Offices’.²¹ Davidoff and Hall describe this thinking as developing from the end of the eighteenth century onwards,²² but both the timing and the reality of its application have been disputed by Vickery and others.²³ Ezell and Barclay both emphasise that the underlying system of patriarchy was also something that was continually negotiated and subject to change.²⁴ Women were not always submissive and were prepared to use manipulation or evasion if necessary to gain what they wanted.²⁵ As Hunt notes, prescriptions on domesticity ‘were subject to very creative interpretations even by the women – and men – who claimed to adhere

²¹ *Spectator*, 2 June 1711; *Common Sense*, 10 September 1737, quoted in Michael McKeon (2005) *The Secret History of Domesticity: Public, Private, and the Division of Knowledge*, Baltimore, MD: Johns Hopkins University Press, pp.181–2.

²² Leonore Davidoff & Catherine Hall (1987) *Family Fortunes: Men and Women of the English Middle Class 1780–1850*, Chicago, IL: Chicago University Press; and Leonore Davidoff (1995) *Worlds Between: Historical Perspectives on Gender and Class*, Cambridge: Polity Press.

²³ Amanda Vickery (1993) ‘Golden age to separate spheres? A review of the categories and chronology of English women’s history’, *Historical Journal*, 36:383–414; Vickery, ‘Women of the local elite’, pp.10–19; Shoemaker, *Gender in English Society*. See also e.g. Harvey, *Little Republic*, pp.27–9; Hannah Barker (2008) ‘Soul, purse and family: Middling and lower-class masculinity in eighteenth-century Manchester’, *Social History*, 33(1):12–35.

²⁴ Margaret J.M. Ezell (1987) *The Patriarch’s Wife: Literary Evidence and the History of the Family*, Chapel Hill, NC: University of North Carolina Press; Katie Barclay (2011) *Love, Intimacy and Power: Marriage and Patriarchy in Scotland, 1650–1850*, Manchester: Manchester University Press.

²⁵ Bernard Capp (2003) *When Gossips Meet: Women, Family, and Neighbourhood in Early Modern England*, Oxford: Oxford University Press, p.2. See also Vickery, ‘Golden age’, pp.389, 390.

to them'.²⁶ If their wives could be depended on to run the household efficiently, this benefited men by leaving them free to conduct their business and political activities. This interdependence offered a source of security and goodwill for both,²⁷ since, as Vickery comments, 'Even authoritarian husbands who wanted women to be ultra-obedient also needed them to be competent to govern.'²⁸ Furthermore, Cody has stressed how over the eighteenth century men and women in fact began to spend more time together, either at their own or other people's houses or when socialising in public spaces, thus leading to a greater emphasis on the domestic relationship itself.²⁹

The joint responsibility for home-making was stressed by Mary Bacon, a farmer's wife from Hampshire, who copied into her commonplace book 'Twelve True Old Golden Rules'. While rule no. 6 included the comment that 'to choose a wife, who has not by attention and economy on her part, proved herself fit to manage a family, is extremely imprudent and improvident', the husband also had to recognise that 'He who does not make his family comfortable [by "Industry and frugality"]', will himself never be happy at home; and he who is not happy at home, will never be happy any where'.³⁰

²⁶ Margaret Hunt (1992) 'Wife beating, domesticity and women's independence in eighteenth-century London', *Gender & History*, 4:10–33, p.27.

²⁷ Joanne Bailey (2014) 'What do historians think about power in marriage in the past?', *Joanne Bailey Muses on History*, 8 January, <https://jbailey2013.wordpress.com/2014/01/08/what-do-historians-think-about-power-in-marriage-in-the-past/>, accessed 8 January 2014.

²⁸ Amanda Vickery (2009) *Behind Closed Doors: At Home in Georgian England*, New Haven, CT: Yale University Press, p.10.

²⁹ Lisa Forman Cody (2005) *Birthing the Nation: Sex, Science, and the Conception of Eighteenth-Century Britain*, Oxford: Oxford University Press, p.15.

³⁰ Ruth Facer (2010) *Mary Bacon's World: A Farmer's Wife in Eighteenth-century Hampshire*, Newbury: Threshold Press, pp.4–5.

Part of being happy at home resided in the friendship between husband and wife. Samuel Stennett's *Discourses on Domestick Duties* advised: 'what demands the principal attention of those who mean to form this connection, is the subsistence of a sincere friendship and cordial affection between themselves'. He characterises the marital relationship this way:

Amidst the toils of the day he will comfort himself with the hope of enjoying her tender and enlivening discourse in the evening. Her presence, surrounded with her offspring... will render his own mansion, however plain, far more chearful and agreeable to him than any other house he may occasionally visit. The anxieties and cares attendant upon her maternal and domestick character, he will in every possible way soothe; and endeavour by a thousand endearing expressions to allay the fears incidental to female tenderness.³¹

Oeconomy was not only part of the physical activities required to maintain the house and family, but also what John Tosh calls the 'state of mind' of domesticity, whose 'defining attributes are privacy and comfort, separation from the workplace, and the merging of domestic space and family members into a single commanding concept (in English, "home")'.³² This was represented in the ideal environment described by Priscilla Wakefield:

Oeconomy, cleanliness, industry, and above all these, good temper, are the attractions which draw the husband to his own fire-side, after the labour of the day is over; but when the wife is slatternly, idle, negligent in providing those small accommodations that are the effects of good management, it discourages him from entrusting her with the disposal of the wages which he has laboriously earned.³³

Or, as the anonymous author of *Female Government* (1779) poetically wrote: 'A woman is the downy pillow on which a Man should repose from the severer and

³¹ 1783, London: R Hett, p.162.

³² John Tosh (2007) *A Man's Place: Masculinity and the Middle-Class Home in Victorian England*, London: Yale University Press, p.4.

³³ *Reflections on the Present Condition of the Female Sex; with Suggestions for Its Improvement* (1798), quoted in Vivien Jones (1990) *Women in the Eighteenth Century: Constructions of Femininity*, London: Routledge, p.130.

more exalted duties of life; from his studies, his labours, and his cares'.³⁴ Even a proto-feminist writer like Mary Wollstonecraft thought that a wife should 'prepare herself and children... to receive her husband, who returning weary home in the evening found smiling babes and a clear hearth'.³⁵ And part of the comfort of home was attention to family members' physical well-being and health.

Paid work was not socially acceptable for women of the status of the families considered in this research, although some women did work in their family businesses, such as Sarah Hurst (1736–1808), who helped out in her father's haberdashery shop and accompanied him on buying trips.³⁶ Increasingly there was also an assumption that genteel women did not do household tasks, this being seen as demeaning work that should be carried out by servants.³⁷ Some welcomed this freedom: Tague points out that the reason conduct book writers stressed that women should not 'waste their days reading novels; attending plays, masquerades, and assemblies; and gossiping over the tea table' was that many of their readers would be enabled by their wealth and status to spend their time like that.³⁸ Others managed to combine both leisure and domesticity, such as Bessy Ramsden, '[a] successful

³⁴ Quoted in Julie Day (2007) 'Elite women's household management: Yorkshire, 1680–1810', PhD thesis, University of Leeds, p.30.

³⁵ *A Vindication of the Rights of Woman* (1792), p. 215, quoted in Shoemaker, *Gender in English Society*, p.52. Carolyn Dorow White calls this 'rational feminism', an attempt to 'change the importance of [the domestic sphere] so that society hinges upon it'; (2000) "'The voice of reason": Rational feminism in eighteenth-century literature', PhD thesis, Rice University, pp.16–17.

³⁶ Susan C. Djabri (2009) *The Diaries of Sarah Hurst 1759–1762: Life and Love in Eighteenth Century Horsham*, Stroud: Amberley Publishing.

³⁷ Tim Meldrum (2000) *Domestic Service and Gender 1660–1750: Life and Work in the London Household*, Harlow: Pearson Education, pp.41, 73; Michael McKeon (1995) 'Historicizing patriarchy: The emergence of gender difference in England, 1660–1760', *Eighteenth-Century Studies*, 28:295–322, p.299.

³⁸ Ingrid H. Tague (2001) 'Love, honor, and obedience: Fashionable women and the discourse of marriage in the early eighteenth century', *Journal of British Studies*, 40:76–106, p.82.

housewife and an incurable street-wife'.³⁹ While some undoubtedly thought the 'management of all domestic affairs... unfashionably rustic',⁴⁰ there were others who found this managerial role as what might be termed a 'home oeconomist' a welcome source of power.⁴¹ Christensen stresses the psychological authority conveyed by women's nurturing activities, particularly those that were food related,⁴² and much the same was true for those to do with health, as the final section of this chapter will explore.

Thus domestic management encapsulated the skill of directing servants and children, with the practical, hands-on role – including being the 'purveyor of pickles, preserves and poultices' – delegated to the 'proverbially fierce, key-jangling housekeeper'.⁴³ In relation to medical matters, this 'head/hands hierarchy'⁴⁴ would imply that the compilers of recipe collections wanted to have the information available so they could either put it into practice themselves or direct others in how to do so. As a well-known conduct book counselled:

in order to the proper discharge of your domestic duties, it is absolutely necessary for you to have a perfect knowledge of every branch of household economy, without which, you can neither correct what is wrong, approve what is right, nor give directions with propriety... Make yourself mistress of the theory, that you may be able, the more readily, to reduce it into practice.⁴⁵

³⁹ Vickery, 'Golden age', p.411.

⁴⁰ Lady Sarah Pennington (1762) *Instructions for a Young Lady, in Every Sphere and Period of Life*, Edinburgh: A. Donaldson, p.31.

⁴¹ An aspect stressed by Ingrid H. Tague (2002) *Women of Quality: Accepting and Contesting Ideals of Femininity in England, 1690–1760*, Woodbridge: Boydell Press, pp.97, 111.

⁴² Ann Caroline Christensen (1991) 'Private supper/public feast: Gender, power, and nurture in early modern England', PhD thesis, Urbana, IL: University of Illinois, pp.16, 25.

⁴³ Porter, *English Society*, p.29.

⁴⁴ Davidoff, *Worlds Between*, p.86.

⁴⁵ Lady [Sarah] Pennington (1789) *An Unfortunate Mother's Advice to Her Absent Daughters, in a Letter to Miss Pennington*, London: A. Millar (first published 1760), pp.61–2, 63.

Or, more pithily, ‘It is a miserable thing for any Woman, though never so great not to be able to teach her servants’.⁴⁶ Ann Brockman, who kept her own collection of recipes,⁴⁷ was of the opinion that ‘no degree of Quality excuses such an Ignorance, as that... they shou’d not be able, from their own Observations, to give some seasonable Advice, and Directions in common cases [of illness]’.⁴⁸

Maintaining a handwritten recipe book was a way of preserving the necessary information, as an aide-mémoire and as a written first-aid kit or ‘textual medicine chest’.⁴⁹ Paper was a fragile material, so copying recipes from letters and other sources into a more permanent format, such as the bound volumes or exercise books described in Chapter 2, made their content more secure. What is less clear is whether the knowledge thus recorded was anything other than a theoretical demonstration of oeconomy.

In her study of elite women and food Elb comments that ‘ladylike behavior’ was identified ‘with a lack of cooking’,⁵⁰ but it is difficult to assess whether the activity of medicine-making was something that was entrusted to the servants in a parallel way.⁵¹ Was the compiler of a medical recipe collection merely collecting

⁴⁶ Hannah Woolley (1664) *The Cook’s Guide*, A4v, quoted in Robert Appelbaum (2003) ‘Rhetoric and epistemology in early printed recipe collections’, *Journal for Early Modern Cultural Studies*, 3:1–35, p.10.

⁴⁷ Add MS 45198, BL.

⁴⁸ [Ann Brockman] (1709) *Age Rectified: Or Some Cautionary Hints for the Rendering It Less Obnoxious to Our Selves and Others*, London: n.p., p.31. Marsha Urban has identified a manuscript of this work in the Brockman papers at the British Library as a draft rather than a subsequent copy, on the basis of printer’s check marks and signatures; (2006) *Seventeenth-Century Mother’s Advice Books*, Basingstoke: Palgrave Macmillan.

⁴⁹ Leong & Pennell, ‘Recipe collections’, p.143.

⁵⁰ Julie Harper Elb (2003) ‘Beauty and the feast: Food and feminine identity in England 1750–1850’, PhD thesis, University of Memphis, p.iv.

⁵¹ Overton et al. note that the increase in the number of servants employed as well as the emphasis on domesticity had led by the 1750s to an increase in household activities such as baking and brewing, although it is not clear whether the same happened for the domestic manufacture of medicines; Mark Overton, Jane Whittle, Darron Dean & Andrew Hann

information that could be provided when necessary for someone else – a housekeeper or still-room maid – to make up the remedy, or was this an aspect of the household's activities that these women (and men) preferred to retain under their own control?

Published guides for servants offer little information here.⁵² Recipes for cordial waters are included in books such as Robert Abbot's *The Housekeeper's Valuable Present* (c.1790) and John Farley's *The London Art of Cookery, and Housekeeper's Complete Assistant* (1783), the latter also incorporating broths and caudles for the sick. However, Edward Strother's *The Family Companion for Health, or the Housekeeper's Physician* (1750) claims he is providing these recipes so that 'the charitable House-Keepers, for whose Use it is written, will be enabled to give Relief to their Menials, without the Assistance of an Apothecary or Physician'. Similarly, the *Compleat Servant-maid, or the Young Maiden's Tutor* (1700) states that housekeepers of 'persons of quality' should 'have a competent knowledge in Physick and Chyrurgery, that they may be able to help their maimed, sick and indigent neighbours'.⁵³ Hannah Glasse's *The Servant's Directory* (1760) details preparations for rickets, teething and worms for the nursery maid to use, but is silent on any health-related duties for the housekeeper.

The recipe books themselves are equivocal. Comments such as 'But treacle is thought by some to be better than honey', 'All the above herbs must be gather'd in the month of May, & as dry as possible' or 'The best method is to infuse the rhubarb

(2004) *Production and Consumption in English Households, 1600–1750*, London: Routledge, p.80.

⁵² The term 'housekeeper' could refer to someone who kept house, so the head of the family of either gender (see Harvey, *Little Republic*, p.39), but in some of these the application to servants is explicit.

⁵³ Quoted in Shoemaker, *Gender in English Society*, p.181.

for ten days in the brandy before the other ingredients'⁵⁴ do not indicate necessarily that the compiler actually performed the actions. Other notations at least signify that someone was making up the recipe, such as 'that we use to make' or 'My sister Arscott adds 2 drams of cloves beaten, and runs it thorow paper'.⁵⁵ There are, however, occasional glimpses of compilers doing the work themselves. For instance, the writer of one late eighteenth-century volume noted:

This is the receit (for plague-water) as I had it: But I generally still it in brandy and a limback, it is to long a doeing in a cold still; and I leave out a good part of Alecampane; it is to strong that it troubles the stomach, when it is all in.⁵⁶

Another offers advice from experience:

you must have a diate drinke pott a purpose to boile it in & be sure to keep the lid fast one or else it will fly of & doe mischeife.⁵⁷

Elizabeth Okeover Adderley writes by a recipe for a blast salve 'this I make', and similarly a version of 'Lucatellis his ballsome' is said to be 'exelent for many things. This I make'. A marginal note next to a 'greene oyntment' counsels 'Run it through a canvas strainer not wring nor squees it at all'. 'Coz. Okeovers Hungary water' is said to be 'good but I think a double quantity of rosemary or rosemary flowers may be better'. Finally, about a recipe for the ointment 'flos unguentorum' she notes:

This is the salve I allwais make putting in half a pound of each sort of rosin and a pinte less of wine.

My mothers receipt is to take of rosin and per rosin each halfe a pound which makes the salve much harder.

⁵⁴ For a cough, MS 7893, WL; Mr Stanton of Shrewsbury's receipt for the bite of a mad dog, MS 7850, WL; To make gout tincture, MS 1829, WL.

⁵⁵ A rickett drink, MS 7822, WL; Hierapica water, MS 981, WL.

⁵⁶ A receit to make plague water, MS 7978, WL.

⁵⁷ A diate drink, MS 1793, WL.

Taken together these indicate a personal familiarity with the efficacy of ingredients as well as manufacturing methods, and recipes that were evidently put to practical use.⁵⁸

As Larsen has noted for elite women, there can be an element of ‘performativity’ in household duties, a way of acting out or ‘trying on’ the domestic role without having to do the hard work; that was what servants were for.⁵⁹ One can draw a parallel with Tague’s description of the vogue for aristocratic women to play at being dairymaids as a way of ‘creating an image of virtuous domesticity’.⁶⁰ For younger women or those newly married, the creation of a collection of medical recipes might be a kind of role play, in much the same way as one might furnish a future home in one’s head, or as Carrie Griffin has noted happens with culinary recipe books, ‘in the sense that owning these recipes and declaring access to and familiarity with these foods projects a version of the owner via the manuscript’.⁶¹ The writer can imagine her- or himself in control of the vicissitudes of the family’s healthcare, as well as possessing the sort of knowledge that validates expertise and experience; a woman especially could through the construction of this kind of repertoire test out the mantle of an eighteenth-century ‘domestic goddess’, presiding over hearth, home and health with equanimity. This is the ‘means of self-formation

⁵⁸ MS 3712, WL.

⁵⁹ Ruth M. Larsen (2003) ‘Dynastic domesticity: The role of elite women in the Yorkshire country house 1685–1858’, PhD thesis, University of York. This sense of performativity is more positive and less oppressive than that intended by Judith Butler in her notion of ‘gender performativity’, in which ‘the regulatory norms of “sex” work in a performative fashion to... materialize sexual difference in the service of the consolidation of the heterosexual imperative’; (1988) ‘Introduction to *Bodies That Matter*’, in Sidonie Smith & Julie Watson (eds), *Women, Autobiography, Theory: A Reader*, Madison, WI: University of Wisconsin Press, 167–379, p.368.

⁶⁰ Tague, *Women of Quality*, p.129.

⁶¹ Carrie Griffin (2013) ‘Instruction and information from manuscript to print: Some English literature, 1400–1650’, *Literature Compass*, 10:667–76, p.670.

and self-presentation' that Pennell and DiMeo identify as part of the reading of a recipe book as a form of 'life register'.⁶² A similar type of self-fashioning has been noted in the more familiar, intimate letters that became popular in the eighteenth century,⁶³ and allowing others to consult one's recipe book could have functioned as a demonstration of 'polite sociability' and knowledge of the latest remedies as much as the latest fashions. Weissman comments that diaries 'offered many women a quasi-public space to present themselves as models of piety, humility, and patience to their families and to posterity'⁶⁴ and the same can be said of recipe books in presenting the compiler as an exemplar of oeconomy.

Harvey points out that men's pockets often contained an account book 'ready for display at a moment's notice' as 'a public statement of household credit'.⁶⁵ Similarly, the woman's pocket, in which a collection of recipes might be kept, symbolised the female honour embodied in domestic management.⁶⁶ If financial accounts were the 'spine of the household',⁶⁷ a comprehensive recipe collection was the musculature of the family's information resources. To Herbert, collecting medical recipes 'spoke to an elite woman's knowledge and identity', as did 'crafts and handiwork of all kinds'.⁶⁸ Pennell stresses that 'the material forms through which that identity was expressed', including recipes, were 'a means of registering

⁶² Pennell & DiMeo, 'Introduction', p.11.

⁶³ Lindsay O'Neill (2008) "'Speaking letters": Epistolary networks, communication, and community in the wider British world, 1660–1760', PhD thesis, Yale University.

⁶⁴ Weissman, 'Gender and illness', p.71.

⁶⁵ Harvey, *Little Republic*, pp.74, 77.

⁶⁶ Garthine Walker (1996) 'Expanding the boundaries of female honour in early modern England', *Transactions of the Royal Historical Society*, 6:235–45, pp.236, 238, 245.

⁶⁷ Harvey, 'Paper power'.

⁶⁸ Amanda E. Herbert (2009) 'Gender and the spa: Space, sociability and self at British health spas, 1640–1714', *Journal of Social History*, 43(2):361–83, p.376.

and recording that identity'.⁶⁹ For a woman whose self-worth was strongly connected to her skill in looking after her family, a volume of recipes functioned as a visible demonstration of that accomplishment. In an age when an interest in science was expected of the fashionable man and woman,⁷⁰ a manuscript inscribing the latest medical recommendations – as well as the electrical experiments and notes on inventions and innovations that some of these collections also contained – would equally be a symbol of the owner's proficiency in this area.

Symbolic

Closely related to this latter aspect is the recipe collection's symbolic function, as a representation of the compiler's connections and the inheritance of family knowledge. Just as financial records are representative of more than merely arithmetic, capable of different interpretations depending on the context,⁷¹ what can be more important than the medicinal content of a recipe is the (sometimes unwritten) context of who donated it, whether it was collected for a particular illness or the result of trying it out. Wall notes that recipe books were 'signs materializing human networks',⁷² and the careful recording of the donors of recipes could function as a symbolic embodiment – and physical demonstration – of the compiler's familial, sociable or political network. This may be for public display, but also for more

⁶⁹ Pennell, 'Making livings', p.233.

⁷⁰ See for example Shteir, *Cultivating Women*; J.V. Golinski (1988) 'Utility and audience in eighteenth-century chemistry: Case studies of William Cullen and Joseph Priestley', *British Journal for the History of Science*, 21:1–31; Verna Lillian Linney (1999) 'The Flora Delanica: Mary Delany and women's art, science and friendship in eighteenth-century England', PhD thesis, York University.

⁷¹ Jason Scott-Warren (2014) 'Accounting for selfhood in early modern England', *Transforming Information: Record Keeping in the Early Modern World*, 9–10 April, London: British Academy.

⁷² Wendy Wall (2010) 'Literacy and the domestic arts', *Huntington Library Quarterly*, 73:383–412, p.397.

personal reasons, to help remember a particular connection or event. A remedy 'For a deep seated rheumatism', dated Jan the 28th 1792 and annotated 'Dr Elliot for Louisa's knee',⁷³ would have carried much additional freight for the individuals involved, depending on who Louisa was and whether she recovered; a recipe 'To bring away after birth', denoted as 'directed by Mrs Sloan the midwife',⁷⁴ might be subsequently associated with a particular child by family members. Appelbaum talks of 'the operations of memorialization and commemoration' in culinary recipe manuscripts, adding that writing down the information was done 'partly as a genuine commemoration, a remembered, ritualized celebration of specific preparations'. The 'scripture of cookery' to which he refers also captures neatly the idea of the medical recipe collection passing on and reifying a family's generations of knowledge.⁷⁵

Lady Ann Fanshawe gave her recipe book to her daughter Katherine, the eldest of her 14 children, who added more than 200 recipes between 1678 and around 1708.⁷⁶ Johanna St John left her 'great receipt book' in her will to her eldest daughter and her 'book of receits of cookery and preserves' to her granddaughter; Field remarks that given that St John ordered her other papers to be burned, she evidently placed a high value on her recipes.⁷⁷ The same can be said of those who took care of these treasured possessions subsequently, such as the Rev. Brian Faussett who indexed and cross-referenced three inherited recipe books,⁷⁸ or Maurice

⁷³ MS 8468, WL.

⁷⁴ MS 7746, early 18th century, WL.

⁷⁵ Appelbaum, 'Rhetoric and epistemology', pp.24, 25.

⁷⁶ 'K. Fanshawe. Given mee by my Mother March the 23 1678'. MS 7113, WL; Potter, 'Household receipt book'; http://web.warwick.ac.uk/english/perdita/html/pw_FANS01.htm, accessed 12 January 2014.

⁷⁷ Field, "'Many hands hands'", p.56. The bequest is also discussed in Leong, 'Collecting knowledge', p.86.

⁷⁸ MS 7997, MS 7998 and MS 7999, WL.

Johnson who staked an assertive claim to his 'Family Book'.⁷⁹ Martha Hodges' book was valued within the family, as evidenced by a note on the first page:

Our Great Grandmother Hodges her receipt book. She was mother to Mrs Isabella Priaulx who was the Grandmother of Mrs Sarah Tilly by Mr Howes marrying her Daughter Mrs Mary Priaulx. Her name is written by her self at the other end.⁸⁰

There is also a date on this page, April 1 1762, substantially later than Martha would have been alive. The medical expertise obviously passed down too, as a memorial to Sarah Tilly by her husband William noted:

In Physick particularly, she had attain'd that Knowledge and Experience, (for her Genius lay, and was bent that Way) and improv'd by the best Books of Receipts, of which she had many Volumes deriv'd down to her, for at least four Generations, which I found in her Closet, after her Decease, and very much Value... Her Mother and Grandmothers on both Sides... were great Physicians, and kept almost Apothecarys Shops in their own Houses, for the Benefit of their poorer Neighbours.⁸¹

Stabile says that the bequeathing of commonplace books 'initiated a feminine genealogy of learning' and notes that each manuscript was itself an archive, rather than a fixed and immutable object.⁸² The same was true of a manuscript recipe collection, which was continually changing during the life/lives of the original compiler(s) and those to whom it was subsequently bequeathed or who adopted it as their own. While it thus constituted a 'pattern for the next generation',⁸³ symbolising

⁷⁹ MS 3082, WL.

⁸⁰ MS 2844, WL. From the information, the inscription is probably by William Tilley (see text). An Isabel Hodges married Paul Priaulx (said by William Tilley to be 'a rich Turkey merchant') in February 1649, and their daughter Mary married Thomas Howe on 25 July 1681. I have corrected the archive's rendering of the inscription, which says *Mrs* Howes.

⁸¹ William Tilley (1739) *A Letter to a Worthy and Learned Gentleman in the Law, Concerning Some Passages of the Life and Death of Mrs Sarah Tilly*, Oxford: n.p., p.10.

⁸² Stabile, *Memory's Daughters*, pp.12, 13.

⁸³ Julianne Simpson & Helen Wakely (2009) 'The secret ingredient: Hunting early modern recipes and their content in print and manuscript', *Researching Lives: Medicine, Science & Archives*, 8 December, London: British Records Association.

what their forebears recommended they do, it could be built on to suit the needs of subsequent owners.

The importance of this kind of inheritance is signified by the precise recording of donors' names against individual recipes, particularly for members of the family. Compilers such as Grisell, Lady Stanhope,⁸⁴ who carefully copied out a large number of her aunt's remedies and marked each one with 'G.B.', or Dorothea Repp, who recorded which recipes came from 'Sister Russell', 'My mother', 'Cousen Brown',⁸⁵ were not doing so for merely factual reasons, but because of the additional meaning attached to the familial connection.

In some instances a recipe collection also contained a literal genealogy, with dates related to births, deaths or marriages. There are poignant lists at the start and end of Frances Springatt Ayshford's manuscript (see Figure 2.34) or this 'memorandum' in the Seely family volume,⁸⁶ which given the overlapping of some of the pregnancies must have referred to more than one branch of the family:

AS born aug 11 1736 died nov 8 1737
 ES born July 19 1738 died nov 12 1740
 AS born dec 5 1739 hard frost died oct 22 1742
 TS born ap 3rd 1742
 SS born feb 20 1742/3 Mary born Feb 15 1744/5
 Martha born May 29 1747
 Catherine born mar 6 1748/9
 Stephen born feb 24 1751/2 died 26
 Sukey born feb 7 1753

Mr Lend Seeley died Feb 1784
 In the 78 year of his age
 Cath Seeley died Jan 29 1799

Ann Coad Evens also recorded various family information:

⁸⁴ U1590/C43/2, KHC.

⁸⁵ MS 7788, WL.

⁸⁶ MS 4489, late 18th century, WL.

William Evens son of William and Ann Evens was born December the 31 between eleven and 12 at night 1789 Their second son was born December 5 1791 between 4 and 5 in the morning

Baptize January 15 1792 by the name of John Coad

Thomas Evens they 3 son was born December the 10 about 4 clock in the after noon 1793 all christened in Saltash Chapel

Ann Evens was born October 19 1796 about 6 clock in the morning

Baptize at Saltash⁸⁷

This kind of biographical detail reinforced the recipe book's symbolic function as a family archive, as well as personalising it along the lines of the third reason for maintaining such a collection.

Personalised

Each recipe collection is unique, from the selection of remedies to the way they are arranged on the page, from the level of detail and whether or not donors are listed to the additional material alongside the recipes themselves. This is what makes a manuscript collection different from a printed book of recipes: it is fitted to the interests and concerns of the individual or family who compiled it, rather than being one-size-fits-all, and can be further added to and customised when its possessors change. Moreover, the recommendations from people the compiler knew and the personal connections thus recorded would have resonated with the creator of the volume and also with later owners in a way that the much-trumpeted and often bogus aristocratic recommendations of a printed text would not.⁸⁸ So although *The Compleat Housewife* might contain the recipe an individual was seeking, or even a group of remedies, it would have meant much more to take the effort to record the information in one's own hand in one's own book. So important was the personal

⁸⁷ MS 7732, WL.

⁸⁸ On the use of ascriptions to nobles and even royalty, see John B. Blake (1975) 'The Compleat Housewife', *Bulletin of the History of Medicine*, 49:30–42, p.35.

touch that Rebecca Tallamy not only wrote recipes in the margins and blank spaces of a copy of a printed work, she and others continued to inscribe their own material on a set of additional pages subsequently bound into the original book.⁸⁹

The compiler of a volume of more than 400 pages wrote in tiny writing, including hundreds of medical recipes but also with sections on ‘Farming matters’, ‘Feeding calves &c’, ‘Mushrooms, raising’, ‘Salad’, ‘Gardening’ and ‘Children teething &c’. The manuscript includes sometimes tens of remedies for the same ailment, all numbered, and has a ‘Curiosities’ section revealing an obsession with fire and light: ‘How to hold fire in your hand without burning’, ‘A fire that will burn under water’, ‘A water to make a light in a chamber by night’.⁹⁰ All of these reflect the information the compiler was most interested in preserving. Much less organised but no less personalised was Philadelphia Lee’s ‘Memorandums of Different Kinds and Sorts’, its recipes ranging from plague water and friar’s balsam to ‘cracnalls’ and pomatum. Many were identified with family members: Sir William Lee, Mrs Lee and John Flott; loose papers found with a bookplate stating ‘Miss Philadelphia Lee’s Memorandums and Family Receipts’ also included a family tree.⁹¹ The tumble of different kinds of recipes in these collections, whether for medicines, food, household preparations or anything else, is not an indication they were random and valueless. It is a sign they were used: this was what people wanted to remember or knowledge they thought they were likely to need.

⁸⁹ MS 4759, WL.

⁹⁰ MS 7893, WL.

⁹¹ MS-Leep/511-511A, c.1780–1803, RCP. John Flott was her sister Harriet’s husband.

Pennell and DiMeo stress the links between recipe manuscripts and commonplace books.⁹² A manuscript recipe book was a collection of recipes that was bespoke to its compiler(s), just as a commonplace book was a ‘customised private alternative to the printed encyclopaedia’.⁹³ Adam Smyth sees the characteristic facets of commonplace books as ‘the presence... of several hands; ... more than one compiler; the piecing together of texts that might accumulate over many years, generations, or even centuries.’⁹⁴ These are also features of many of the recipe collections studied in this research, again reinforcing their personalised nature. Excluding those that were written by a scribe, even something as fundamental as the handwriting can in itself communicate individuality, from calligraphy to a hurried scrawl, from a tiny measured hand to expansive looped letters.⁹⁵

Can the personal evidence of recipe manuscripts be said to constitute a form of autobiography? These manuscripts were ‘multilayered’,⁹⁶ with contributions from several compilers both contemporaneously and over time, and with subsequent additions, crossings out and marginal notes in other hands. Thus it can be difficult to ascribe their content to any one individual, even when there is an ownership inscription (or several). There is rarely a linear relationship between lived experience and the way it is textually represented in any source, let alone one as sparse as this.⁹⁷ Therefore what was written therein in terms of autobiographical detail might only

⁹² Pennell & DiMeo, ‘Introduction’, p.9.

⁹³ Allan, *Commonplace Books*, p.57.

⁹⁴ Smyth, *Autobiography*, p.129.

⁹⁵ Add MS 29740, BL; 613/219, SRO; MS 7893, WL; MS 7892, WL.

⁹⁶ Ezell, ‘Domestic papers’, p.46.

⁹⁷ Felicity A. Nussbaum (1988) ‘Eighteenth-century women’s autobiographical commonplaces’, in Shari Benstock (ed.), *The Private Self: Theory and Practice of Women’s Autobiographical Writings*, Chapel Hill, NC: University of North Carolina Press, 147–71, p.149.

offer us an occasional glimpse of personality or purpose. It is the additional content that is most informative in this regard. G. Beanland's leather-bound notebook has alongside the remedies for apoplexy, corns and rheumatism 'A new song called the association of the loyal true blue, tune God save the king', with lines such as 'Dam'n French equality/ Old British liberty/ Bravely defend!' and 'Sons of the roaring main/ Tell that old traitor Paine/ George reigns & still shall reign', indicating where his loyalties lie.⁹⁸ The pages of K. Windham's 'Phisick Book' begin and end with a clipping entitled 'How to cook a husband' and, handwritten, 'A receipt for a person to make her husband love her', leading one to wonder whether she had followed the advice and succeeded – particularly as it finished 'Probatum est'.⁹⁹

Some recipe collections can be read as 'life-writing' in the sense defined by Smyth, 'textual records of a writer's experiences, ordered with some attention to chronology'.¹⁰⁰ The recipes and remedies operate as a kind of outline biography of the compiler or a narrative of family life, a glimpse at least of the 'self-in-the-writing'.¹⁰¹ Just as a man's pocket-book provided a partial history of the household, 'a record of his life told staccato style through dates and things',¹⁰² a recipe book performed a similar function for the family for which it was created. For instance, the Blackett family collection contains recipes for pregnancy problems – 'For a woman with child to take, a fortnight before her time', 'For a woman in travel', 'A powder to be given after delivery to bring away what requysute' and so on, as well as several

⁹⁸ DB65/C2/27, WYAS.

⁹⁹ MS 1320, WL.

¹⁰⁰ Adam Smyth (2008) 'Almanacs, annotators, and life-writing in early modern England', *English Literary Renaissance*, 38(2):200–44, p.221.

¹⁰¹ The term comes from Marlene Kador (1992) 'Coming to terms: Life writing – from genre to critical practice', in *Essays on Life Writing, From Genre to Critical Practice*, Toronto: University of Toronto Press, 3–16.

¹⁰² Harvey, 'Paper power'.

‘Against miscarrying’ – and then childhood diseases, such as convulsions, rickets and worms. The Penruddocke recipe books incorporate 12 remedies for sore eyes and the same number for rheumatism. The Boyle family book has regimen advice and 41 different treatments for gout.¹⁰³ All of these may say much about the life stage and health of those who gathered those recipes for safekeeping. This is biography at one remove, even so: the recipes may be clues to the conditions the writer or the family experienced, but any definite conclusions would require supplementary evidence, such as Caroline Powys’ diary entries about her rheumatism, or the letters Anne Stobart uses in her discussion of recipes to help Margaret Boscawen’s daughter, who was suffering from the King’s Evil.¹⁰⁴ Caution is required, as the recipes may be merely an indication of a focus on certain illnesses, or an obsession with health in general. The recording of information may also be more to do with the final purpose of recipe collections, offering a form of agency to the compiler.

Instrumental

In some instances the recipes may not have been collected for use, but solely for the information they provided. Rather than being the manufacturer and dispenser of medicines as in the seventeenth century, the eighteenth-century compiler of a medical recipe collection may have been more interested in knowing the appropriate ingredients for a remedy they were prescribed by a physician or purchasing from an apothecary, to avoid being fleeced. This was part of the skills required for the new

¹⁰³ MS 8450, WL; 332/256, WSA; MS 1340, WL.

¹⁰⁴ Stobart, ““Lett her refrain””.

consumerism. As well as the method for a ‘Gout cordial from Mr Holland’, Mary Wise records the ingredients along with their cost:

One ounce of cochinial	£0 2s 0d
Two ounces of carraway seed	£0 0s 2d
half an ounce cardamums seed bruised	£0 0s 9d
half an ounce Jamaica pepper	£0 0s 1d
two ounces of stick liquorish	<u>£0 0s 1d</u>
	£0 3s 1d

It is not clear who Mr Holland was, but the extra detail would have been useful for future reference.¹⁰⁵ The more sophisticated role of the eighteenth-century consumer required the development of greater understanding in many areas, including not only how much to pay but also what products and suppliers were reliable, how to avoid adulterated or sub-standard goods and how to negotiate. The more knowledge one had about the constituents of medical recipes and alternatives if something was unavailable, for instance, the more control the individual buyer would have.¹⁰⁶

However, the role of knowledge ran deeper than purchasing alone. Even if patients did not want to prescribe for themselves, awareness of what help was available and appropriate to a particular condition gave them a degree of control over the treatment they received from a practitioner.¹⁰⁷ Medical treatment was often the result of ‘collective negotiations’ among physicians, surgeons and family members, thus knowledge of the likely options was a useful weapon in any argument, part of what Stobart terms ‘therapeutic determination’.¹⁰⁸ When the doctors themselves disagreed, this was back-up for the patient in reaching an informed decision. There

¹⁰⁵ CR 341/301, WCRO.

¹⁰⁶ See Walsh, ‘Shopping at first hand?’.

¹⁰⁷ Wear, *Knowledge and Practice*, p.115.

¹⁰⁸ Weissman, ‘Gender and illness’, p.17; Stobart, ‘Making of domestic medicine’, p. 1.

was also an element of playing one practitioner off against another. In one bundle of recipes, the writer records that Dr Arbuthnot's recipe 'To cure an intermitting having first taken a vomit' was 'communicated to Dr Cheyne, who disaproved of the senna' and altered the ingredients.¹⁰⁹ In the Greville family papers is a note of conflicting medical opinions that must have confused the writer, who would have been grateful for any prior knowledge to decide what to do:

Mr Bouvart prescribed for Lady A.G.... to drink a pint of whey every day. To put blisters behind her ears & keep them open some time this for the redness in her eye lids, which proceeds from the same cause as the scurf on her head... For her cough & the load of tough flegm she is troubled with, he prescribed pills of Ipecacuana (Mr Syffert says Kermes) ½ a grain in a pill & 4 taken each day one at a time... M. Tronchin gave more attention to her cough, than to the sharpness which appears to be in her blood, & thought that the immediate object was to remove the complaint on her breast & strengthen her. that great care is requisite & much prudence in the remedies given her. he prescribed the following powders to be taken 3 times a day an hour before eating any food.¹¹⁰

Wild's study of medical consultations by post indicates the dialogic nature of the exchange between patient and physician, and that patients well versed in the latest medical jargon did not automatically grant practitioners authority.¹¹¹

Possession of the knowledge encapsulated in recipe collections would have had different ramifications for men and women, however. Women had long been considered to have both knowledge of and authority regarding food in the household, even if they delegated the actual cooking to a servant. Continuing to locate medical remedies alongside culinary and household recipes, often within the same volume, is an indication of a desire not to relinquish the authority that medical knowledge gave them, at a time when they were being officially excluded from practising medicine

¹⁰⁹ DDFA/40/7, HHC.

¹¹⁰ CR1886/Box613/18, 18th century, WCRO.

¹¹¹ Wild 'Medicine-by-post'.

anything other than domestically. There is a difference between knowledge and authority, and professional, formal medical authority now rested with male practitioners. Nevertheless, if a woman collected medical recipes and therefore possessed some degree of knowledge in this area, this granted her informal authority, which would also be gained from experience and personal practice. Furthermore, recipes functioned as a form of social currency that could be shared and could bestow on the donor a certain cachet within the family or community.

There are other ways in which this kind of knowledge was instrumental for women. The responsibility for family healthcare might well have been experienced as something of a burden, both physically and emotionally, especially for young or newly married women. They would have welcomed knowledge that helped them feel in any way in control,¹¹² and that passed down through the generations might have been seen as (literally) more familiar and therefore safer.

Furthermore, for a woman the agency provided by medical knowledge would have been useful not only in negotiations with a practitioner, but also those with the family. Smith has stressed how far relations were involved in treatment decisions, and in particular a husband could choose whether to let his wife see a physician and what kind of treatment she was given.¹¹³ Therefore the knowledge was important not only for the woman to treat herself, but for the greater degree of authority it conferred on her within the family, even in a patriarchal system. As Hiltunen and

¹¹² Joanne Bailey notes that for both parents, ‘responsibilities for their children’s health at times of inadequate medical treatment often left them physically and mentally exhausted and woefully disempowered’; (2014) ‘The history of mum and dad: Recent historical research on parenting in England from the 16th to 20th centuries’. *History Compass*, 12:489–507, p.489.

¹¹³ Elizabeth Foyster (2005) *Marital Violence: An English Family History, 1660–1857*, Cambridge: Cambridge University Press, p.60; see also Smith, ‘Reassessing the role of the family’.

Tyrkko note in a study of early modern vernacular literature, ‘To assert knowledge was to claim power’, and the kind of knowledge expressed in the recipe books, where the form ‘you may’ was frequently used, was practical rather than merely epistemic,¹¹⁴ thus giving it greater psychological force.

The reverse of this coin is that for some men, such female agency and power represented a threat. The possession of medical knowledge was a way for men in their turn to avoid being reliant on women for their health needs.¹¹⁵ While some men were happy to share responsibility for healthcare with their wives, for others this would have been an assault on their masculinity, ‘a shift in the balance of power between husbands and wives’.¹¹⁶ Creating and maintaining a collection of medical recipes and other health-related writings would have allowed them to retain their own form of agency and control in this area – for men too, knowledge was power,¹¹⁷ in this instance in relation to both their female relatives and male medical practitioners.

Men would have viewed this activity as fitting well with the general ‘Enlightenment’ shift towards ‘scientific’ pursuits, and they would have been able to show off their knowledge by contributing to the chatter in the coffeehouse and sending letters to periodicals such as the *Gentleman’s Magazine*. Awareness of one’s health and ways to maintain and improve it was a fundamental part of the repertoire

¹¹⁴ Turo Hiltunen & Jukka Tyrkko (2011) ‘Verbs of knowing: Discursive practices in early modern vernacular literature’, in Irma Taavitsainen & Päivi Pahta (eds), *Medical Writing in Early Modern English*, Cambridge: Cambridge University Press, 44–73, p.49.

¹¹⁵ Alison Montgomery (2011) ‘(The) man, his body, and his society: Masculinity and the male experience in English and Scottish medicine c.1640–c.1780’, PhD thesis, Durham University, p.262.

¹¹⁶ Harvey, *Little Republic*, p.5.

¹¹⁷ Amanda Vickery (2006) ‘His and hers: Gender, consumption and household accounting in eighteenth-century England’, *Past & Present*, 1:12–38, p.21.

of the sentimental eighteenth-century gentleman. Thus the knowledge preserved in recipe books would not only have been helpful in self-dosing one's gout or indigestion, it would have been instrumental in the creation of a suitably fashionable persona, for men and women alike.

Conclusion

The question this chapter has sought to answer is *why* so many men and women went to the time and trouble of creating and maintaining a handwritten collection of medical recipes. Was it for practical, everyday use, or were there other benefits the knowledge might convey? The conclusion of my research is that there were four reasons: the knowledge was oeconomic, symbolic, personalised and instrumental.

Domestic medical knowledge was a demonstration of oeconomy, of good household management, important for both men and women. While at least some compilers put their skill into practice and manufactured the remedies themselves, for others it was the knowledge that was important, so they could instruct servants in what to do. Being aware of the appropriate remedy for a number of conditions would also have enabled a new wife or mother to present herself as an expert household manager, a deliberate form of self-fashioning to cover up a lack of experience or a potential insecurity. Just as a man's accounting records could be produced to demonstrate his financial worth, a woman's recipe book could be displayed to family and friends as a visible embodiment of her worth as a home oeconomist.

A recipe collection could also be a public symbol of its compiler's connections through its recording of those who donated recipes. It drew a virtual map of a familial, sociable or political network, those on whom an individual could

depend for assistance and with whom they might exchange gifts and favours, the social currency of recipes. Single recipes and whole collections commemorated and memorialised members of the family, acting as a symbol for future generations of the inheritance and genealogy of this kind of knowledge.

What particularly differentiated manuscript recipe collections from the printed alternatives was the degree of personalisation possible in a handwritten volume. The recipes could be chosen to reflect a compiler's own concerns, the needs of their family or areas of health in which they were particularly interested. This was what the compiler thought it valuable to record in their own very individual treasure chest. Because of the commonplace-like nature of some of these collections, they could also offer a sense of the personality of the compiler through additional information such as songs or poems, as well as being 'life writing' in a limited sense through the selection of recipes or ailments addressed and the additional commentaries provided.

Finally, a medical recipe collection could be instrumental, in that it gave its possessor a degree of agency in their relationship to others and to medical knowledge itself. This might be in negotiations with medical practitioners, with or without the presence of family members who might wish to have a say, when possession of the appropriate information would allow the patient to feel more in control. For women, such domestic knowledge was a way of retaining authority in household healthcare in the face of the encroachment of male practitioners. For men it could be used both to bolster themselves against female power domestically, and similarly to reinforce their reputation in the outside world.

Conclusion

This thesis has explored domestic knowledge in the eighteenth century through the lens of one of its major aspects, the medical knowledge embodied in manuscript recipe collections. As a conclusion, I will summarise the research findings and consider what they reveal about the role of knowledge in this context.

As outlined in Chapter 1, the medical recipe collections explored here were created at a time when there was an explosion of alternative ways of looking after one's health: consulting one or more medical practitioners, in person or by post; asking an apothecary to make up a prescription or to supply an off-the-shelf preparation; purchasing a ready-made pill or potion from a quack or proprietary medicine manufacturer; consulting one of a range of alternative practitioners, from a tooth puller to a bone setter; or seeking advice in print, whether from a published book of recipes, a medical tome, a periodical or a newspaper. The existence of manuscript collections thus signals that the recording of medical recipes in this form was seen as an activity with a value over and above mere necessity.

What that value might have been was considered initially from the perspective of the effort required to create a collection. As Chapter 2 recorded, even though some groups of recipes have survived as nothing more than a bundle of loose papers tied with a ribbon or placed in an envelope, they were nevertheless preserved. Other recipe collections took a variety of more permanent forms, from beautifully bound, meticulously organised volumes to

tiny paper-covered exercise books with recipes written in haphazardly as they were acquired. Some were dedicated exclusively to medical matters, while others reflected the broader domestic environment, mixing healthcare with recipes for food, veterinary remedies, details of household preparations or gardening tips. Yet others combined recipes with commonplace material such as poetry, biblical quotations, learned tracts, songs or drawings, or recycled books originally dedicated to other uses, such as accounts or records of planting or brewing. Furthermore, the fact that around half the bound collections studied here had some form of organisational device indicates that it was not only the preservation of the knowledge they contained but also its retrieval – and thus potential use – that was important.

That knowledge itself encompassed remedies for all kinds of conditions, chronic as well as epidemic, minor injuries and fatal illnesses alike. The survey in Chapter 3 demonstrated that domestic medical knowledge and its application were particularly suited to long-term infirmities such as scurvy, rheumatism or the stone, together with an emphasis on respiratory complaints such as coughs and colds, sore throats and asthma, as well as digestive conditions including surfeit, biliousness, costiveness and diarrhoea. Nevertheless, this kind of medicine was not restricted to the everyday, nor was it short on ambition, extending to remedies aiming to treat the frequently fatal smallpox, the bacterial infection known as consumption, and issues such as the effects of gunshots or broken bones. While some recipes did require sophisticated equipment and several stages to manufacture, a trend was identified over the eighteenth century towards simpler methods and readily

available ingredients, more practical recipes that were therefore more likely to be utilised rather than merely recorded.

Moreover, the deeper discussion of a number of individual conditions in Chapter 4 illustrated that the domestic knowledge the recipes embodied reflected awareness of aspects of humoral thinking, contemporary ideas about regimen and consideration of health preservation and illness prevention as well as treatment. Once again, while particularly the simpler recipes were alternatives to professional consultation or the acquisition of commercial remedies, they were also intended to be used in conjunction with those other sources of assistance, as back-up knowledge rather than the first resort. Repeated recipes and similar ingredients in the groups of remedies for coughs and colds, gout and hydrophobia and the domestic versions of Daffy's elixir indicate a body of stable knowledge obtained from multiple kinds of sources, printed as well as oral; while those for diet drinks were rather more varied and reflected personal preference, the underlying brewing method was frequently the same. There is no reason to suppose that an examination of recipes for other complaints would not reveal parallel patterns of commonly held information.

Chapters 5 and 6 shifted the focus from the domestic knowledge itself to the compilers of these manuscripts and the sources of the information. The discussion and case studies highlighted the fact that both men and women created recipe collections, and indeed compilation was often a collaborative activity. As Chapters 1 and 2 also indicated, the practice was followed at all levels of literate society, from the rural middling sort to the urban rich.

Recipes were contributed by and obtained from a wide variety of family and friends, acquaintances and tradesmen, apothecaries and medical practitioners, newspapers and books. While almost all collections included at least one recipe that originated with a physician (and some of them many more), much of the information came from non-medical sources. How far it could be trusted therefore depended on the donor's degree of social capital, the foundation of personal networks founded on reciprocity and goodwill. The networks around which this particular form of social currency circulated can be typified as familial, involving family members both contemporaneously and intergenerationally; sociable, reflecting the existence of an active and helpful social circle; and political, where the exchange of information was potentially directed at facilitating other kinds of assistance in the future. One can speculate that the exchange of other kinds of recipes could have occurred within similar networks.

One of the fundamental questions underlying this study was whether the practice of compiling medical recipe collections continued to the same extent when the number of professional practitioners and commercial suppliers of both medicine and printed recipes increased. The research overall illustrates the persistent importance of domestic knowledge and skill in such a changing cultural and medical environment. While a trend was identified towards compiling smaller collections with a narrower range of recipes, the creation of these manuscripts carried on into the nineteenth century. The knowledge they contained must therefore still have had a role within the domestic environment. Chapter 7 delineated a taxonomy of reasons for maintaining a

medical recipe collection. The first was that the practice was oeconomic, part of good household management for both women and men. Harmonious domesticity was fundamental to contemporary thinking about the family and the home, including attention to physical well-being and health. Secondly, a recipe collection was symbolic, representing the worth of the compiler and a family inheritance of perhaps generations of knowledge. It was an archive that could be adapted, built on and passed on. The third aspect was that a collection was personalised, fitted to the individual's interests and concerns, and also reflective of his or her own efforts in obtaining and recording the information. Finally, this knowledge was instrumental, offering its possessor a degree of agency in his or her own healthcare. It would help the compiler avoid being duped by a quack or offer more control in negotiations with a physician, even if its possessor had no desire to put the medical recipe into practice; for women in particular, trusted knowledge could provide a bulwark against patriarchal control.

I would contend that this framework of motivations for compiling and maintaining a medical recipe collection – the OSPI model, if you will – is also applicable to other kinds of recipes. For instance, culinary recipes can be considered in these terms:

- Oeconomic: not only is providing food an aspect of household management, the ability to direct servants in what to cook and how is arguably more important than the possession of medical knowledge, given the daily nature of food provision.

- Symbolic: culinary recipes were likely to have been shared among friends and family even more frequently than medical recipes, and they represented a demonstration of both a compiler's networks and his or her heritage of culinary lore, particularly if this included an infallible recipe for a popular dish.
- Personalised: given the individual nature of tastes and preferences, an assembly of preferred recipes for favourite foods would once again be even more personalised than an equivalent selection of medical recipes, and perhaps much more likely to have been put into practice.
- Instrumental: the ability to perform or direct nurturing activities conveyed psychological authority and thus agency, and this included the provision of food. A new wife unsure about how to cope with the demands of a household and staff – perhaps a temperamental cook? – would have welcomed a trusted source of knowledge about and recipes for familiar foods.

It is likely that the framework could also be applied to recipes for household preparations such as polish, paint or varnish; beauty preparations such as face wash, hand cream or tooth powder; and veterinary remedies, some of which were in any case identical to those for human ailments.

Thus a handwritten volume of recipes was a valuable possession that could have resonance and value far beyond the individual remedies it recorded. As Nicola Humble says of cookery books, each 'is a veritable

salmagundi of history, culture and science, enticingly jumbled together'.¹ The pages of a recipe manuscript offer us a glimpse of a past life, of a compiler's worries and wishes, family and friends, home and hearth. For its possessor, a collection of medical recipes represented both a store of treasured knowledge and a talisman against the worst happening in an uncertain age.

¹ Nicola Humble (2006) *Culinary Pleasures: Cookbooks and the Transformation of British Food*, London: Faber & Faber, p.278.

Appendix 1: Biographical index

Elizabeth Adderley (née Okeover, b.1644) was the daughter of Sir Rowland Okeover of Okeover Hall in Derbyshire, and she married Wolstan Adderley.

Ann Arundell (née Wyndham, d.1796) married James Everard Arundell (d.1803), youngest son of the 6th Baron Arundell of Wardour Castle in Wiltshire, in 1751.

Lady Grisell Baillie (née Hume, 1665–1746) was the wife of George Baillie, who became a Lord of the Treasury. She wrote poetry and songs, and a volume of domestic advice.

Mary Baker (née Sharp, 1778–1812) was the wife of Thomas John Lloyd Baker (1777–1841) of Hardwicke Court in Gloucestershire. She was the niece of Granville Sharp (1735–1813), a campaigner for the abolition of slavery, and her son Thomas Barwick Lloyd Baker (1807–1886) established one of the first reform schools.

Margaretta Bampfylde (née Warre, 1694–1758), the 25-year-old heiress to her recently deceased father's Hestercombe estates, married John Bampfylde, a widower three years her senior, in 1719. They had nine children, the eldest of whom, Coplestone Warre Bampfylde, designed a magnificent Georgian landscape at Hestercombe and became a noted landscape artist.

Anne Beach (née Wither, 1718–88), daughter of Charles Wither of Oakley Hall, Hampshire, married William Beach of Netheravon (1719–90) in 1746. The couple's daughter Henrietta Maria married Michael Hicks and the Hicks-Beaches became friends of Jane Austen and her sister Cassandra.

Frances Blount was the daughter of Sir Henry Blount of Tittenhanger, known as the 'Great Traveller', who wrote *A Voyage into the Levant* (1634) and was said to have looked after Charles I's sons during the Battle of Edgehill.

Isaac Borrow (1673–1745) was Mayor of Derby. His sister Mary Borrow (b.1670) married Francis Gregg.

Anne Brockman (née Glydd, c.1658–1730) from Surrey married Sir William Brockman of Beachborough Manor in 1692.

Sarah Churchill, Duchess of Marlborough (née Jenyns, 1660–1744) was the wife of army commander John Churchill (1650–1722), first Duke of Marlborough. She was lady of the bedchamber and a close confidante of Queen Anne, although the couple fell out of royal favour in the early 18th century. Sarah

passed her healthcare skill onto her daughter Anne, who until her early death wrote proposing cures for her mother's scurvy and rheumatism.

Thomas Coke (1674–1727) of Melbourne Hall in Derbyshire was MP for Derbyshire and Vice-Chamberlain to Queen Anne and George I.

Hester Combe was the daughter of Edmond (or Edmund) Combe (1677–1754) of Hartley Wintney, Hampshire.

William Drake (1723–96) was MP for Amersham from 1746–96. In 1747 he married Elizabeth Raworth, whose father was a director of the South Sea Company.

Lady Elizabeth Fane (d.1844) was daughter of John Fane, 9th Earl of Westmorland. She married Sir John Lowther (1759–1844) in 1790.

Lady Ann Fanshawe (née Harrison, 1625–80) was the wife of Sir Richard Fanshawe, a noted Royalist during the Civil War, Secretary of War to the Prince of Wales and later the English Ambassador to Spain.

Jane Farewell (1700–1774) married John Wright (1700–80), grandson of the John Wright who built Eyam Hall, Derbyshire in the late 17th century.

Beversham Filmer (1685–1763) was the younger brother of Sir Edward Filmer (q.v.), and was a barrister at Lincoln's Inn.

Sir Edward Filmer (c.1683–1755), 3rd Baronet, was the son of Sir Robert Filmer (d.1720) and his wife Elizabeth Beversham (d.1717). He married Mary Wallis (b.1689) and they had 20 children.

Harriett Fox (née Benson, 1705–71) was the daughter of Robert Benson, 1st Lord Bingley and Lady Elizabeth Finch (c.1679–1757), daughter of Heneage Finch, 1st Earl of Aylesford. She married George Fox, MP for York and ambassador in Vienna, in 1731. They lived at Bramham Park near Wetherby, designed by her father, and added several temples to the landscaped gardens.

Admiral Sir Thomas Fremantle (1765–1819) joined the navy at the age of 11 and became a close friend and companion officer of Lord Nelson. Elaine Chalus is working on a biography of his wife, Elizabeth 'Betsey' Wynne.

Susannah Fremeaux (née Berney, c.1746–97) was the wife of Peter John Fremeaux (1742–84) of Kingsthorpe Hall, Northamptonshire, a Huguenot merchant born in Smyrna, Turkey. Their daughter Susannah (1775–1846) went on to marry a Thomas Reeve Thornton (1775–1862) and lived until the age of 71.

Jane Frere (née Hookham) married John Frere (1740–1807), a politician and antiquary who discovered Stone Age tools in a clay pit in Hoxne, not far from his home near Diss.

John Frewen (1676–1735) was rector of Walton-upon-Trent, Derbyshire. He married Rachel Stevens (c.1675–1752) and they had two sons and three daughters. The eldest son Thomas (1708–91) was rector of Sapcote, Leicestershire. He married Esther Simkin (c.1720–1803) and they had a son and two daughters, including Mary (1753–1811); she never married and her sister Selina (b.1760) died in 1784 at the age of 23.

Catherine Godfrey (née Pettis) was the daughter of Thomas Pettis, rector of St Botolph's, London. She married Henry Godfrey of Heppington, near Canterbury, Kent in 1698/99; their daughter Mary (1699–1761) married Bryan Faussit in 1719.

Lady Sarah Hoare (née Tully, 1708–36) married Sir Richard Hoare in 1732, heir to the eponymous bank; she died before he became Lord Mayor of London in 1745.

Lady Frances Ann Juliana Hotham (née Rous, c.1790–1859), daughter of Sir John Rous, 6th Baronet and 1st Lord Rous, married Admiral Henry Hotham (1777–1833) in 1816.

Maurice Johnson (1688–1755) was a leading light in the Society of Antiquaries and a founder member of the Gentleman's Society of Spalding, one of the first literary societies.

Charlotte Van Lore Johnstone, Dowager Marchioness of Annandale (née Vanden-Bempde, c.1701–62), daughter and heiress of John Vanden-Bempde of Hackness Hall, Yorkshire, was the widow of William Johnstone, first Marquis of Annandale (1664–1721). They had married at the Fleet Chapel in 1718, without her father's permission. She subsequently, and somewhat confusingly, married Lt-Col. John Johnstone, who died at the Battle of Cartagena in 1741.

Henrietta Knight, Lady Luxborough (née St John, 1699–1756), a noted landscape gardener, was the wife of MP Robert Knight, Baron Luxborough (1702–72). Her husband banished her for adultery to Barrells Hall in Warwickshire, where she developed a salon called the Warwickshire Coterie, whose members included poet William Shenstone (1714–63).

Elizabeth Leathes (née Reading, d.1815) was the daughter of Rev. James Reading of Woodstock. In 1774 she married Edward Leathes, rector of Reedham and Freethorpe.

Philadelphia Lee was the daughter of Philadelphia Dyke (d.1799) and William Lee (d.1778) of Totteridge Park, Herts.

Cassandra More Molyneux (née Cornwallis, d.1754), of Abermarles, Carmarthen, married Sir William More Molyneux (d.1760) of Loseley Park in Surrey in 1721.

Lady Elizabeth Monoux (née Riddell, d.1770) was the wife of Sir Philip Monoux, 5th Baronet (d.1805), who lived at Wootton House in Bedfordshire.

Sir John Mordaunt (c.1649–1721), 5th Baronet Mordaunt of Walton, was MP for Warwickshire from 1698–1715. His letters to his second wife, Penelope Warburton (c.1673–1733), from his country house at Massingham, Norfolk are addressed to ‘her House over against the back gate of St James’s Pallace, Wesminster’.

Grisell Murray (née Hume, 1692–1759) was the daughter of Grisell Hume (q.v.). She married Alexander Murray, but the match was unsuccessful and she was granted a formal separation.

Letitia Mytton (née Owen, 1696–1755), daughter of Roger Owen, High Sheriff of Shropshire, married Richard Mytton (1688–1731) of Halston Hall in Shropshire in 1719.

Sophia Newdegate (née Conyers, 1718–74) of Copthall, Essex married Sir Roger Newdegate (1719–1806) in 1743.

Lady Heneage Osborn (née Finch, 1741–1820) was daughter of Daniel Finch, 8th Earl of Winchelsea, and Mary Palmer, and wife of General Sir George Osborn, who fought for the British in the American Revolutionary War. They lived at Chicksands in Bedfordshire. Her sisters (‘The Ladies Finch’) were Hatton (d.1818) and Augusta (d.1797).

Catherine (or Katharine) Palmer (née Ernle, 1673–1731) was daughter of Sir John Ernle, Chancellor of the Exchequer. She married Ralph Palmer in 1699, whose great-uncle was Baldwin Hamsey, a noted physician, to whom some of the recipes in her recipe book are attributed.

Thomas Pares (1716–1805) was an attorney in Leicester and purchased Hopwell Hall in Derbyshire in 1786.

Christian Pitt (née Lyttelton, d.1750) was daughter of Sir Thomas Lyttelton of Hagley Hall, Warwickshire, Lord of the Admiralty from 1727–41. She was the wife of Thomas Pitt (1705–1761), Lord Warden of the Stanneries and son of Thomas ‘Diamond’ Pitt (1653–1726), who purchased the Boconnoc estate with the proceeds of selling the ‘Pitt Diamond’ which he had acquired in India.

Hester Pitt (née Grenville, 1720–1803), whose brother George Grenville (1712–70) was British Prime Minister from 1763–65, married William Pitt when she was 34. They had five children, including William (the Younger; 1759–1806), who became the country’s youngest Prime Minister at the age of 24.

Caroline Powys (née Girle, 1738–1817) was the only child of John Girle, Surgeon in Chief at St Thomas’s Hospital, and Barbara Slaney. In 1762, when she was 24 and he 28, she married Philip Lybbe Powys (1734–1809) of Hardwick

House in Whitchurch, Oxfordshire, who became a JP and Deputy Lieutenant of the county. They had four children, one of whom, also named Caroline, died at nine months, and nineteen grandchildren.

Francis Pym (1756–1833) was High Sheriff and then Whig MP for Bedfordshire from 1806–20. He lived at Hasells Hall, Sandy, a house he improved in the 1790s.

Hannah Mary Rathbone (née Reynolds, 1761–1839) married William Rathbone IV (1757–1809), a ship owner and merchant from Liverpool and a noted Abolitionist. The couple, both Quakers, had eight children, including Hannah Mary (1791–1865).

Anna Maria Reeve (d.1830) was daughter and co-heir of Sir Thomas Reeve of Hendens House, Maidenhead. She married Rev. George Trenchard (d.1808), later rector of Litchet Maltravers, in 1795.

Dorothea Repps (née Fountaine, d.1760) married John Repps (c.1679–1723) of Mattishall, Norfolk.

Frances Juliana Rous (née Warter Wilson, d.1790), heiress of Edward Warter Wilson of Limerick, married Sir John Rous (b.1750), 6th Baronet and 1st Lord Rous, of Henham Hall in Suffolk. She died giving birth to their daughter, Frances Ann Juliana (Hotham, q.v.).

Lady Diana Spencer was the daughter of Sarah Churchill's (q.v.) daughter Anne (d.1716, wife of Charles Spencer, 3rd Earl of Sunderland) and married Lord John Russell, 4th Duke of Bedford. Diana Spencer (1961–97), Princess of Wales, was named after the Duchess of Bedford and was a descendant of her brother John.

Lady Grisell Stanhope (née Hamilton, 1719–1811) was the granddaughter of Grisell Hume (q.v.) and niece of Grisell Baillie (q.v.). She married Philip, 2nd Earl Stanhope, a Fellow of the Royal Society with a lifelong interest in mathematics.

Elizabeth Byng, Dowager Lady Torrington (née Daniel, d.1759) was the widow of Major General George Byng (1701–50), 3rd Viscount Torrington.

Lucy Byng, Lady Torrington (née Boyle, 1744–92) was daughter of John Boyle, 5th Earl of Cork, and wife of George Byng (1740–1812), 4th Viscount Torrington. They lived at Southill Park, Bedfordshire.

Sir William Trumbell (1639–1716) was Secretary of State from 1695–98 and was a patron of John Dryden and Alexander Pope. He was survived by his second wife, Lady Judith Alexander (1681–1743), daughter of the 4th Earl of Stirling, whom he married in 1706.

Isabella Wentworth (née Apsley, 1649–1733), who married Sir William Wentworth, was the daughter of Sir Allan Apsley, a leading Royalist; she became a lady of the bedchamber to Mary of Modena, wife of James II, and gave evidence about the identity of the Prince of Wales in the ‘warming pan’ controversy over his birth.

Mary Wise (née Tilson, d.1760) married Henry Wise (b.1706), son of the royal gardener of the same name, in 1732.

George Woodward (1708–90) was rector of the parish of East Hendred, Berkshire. He married Albinia Courthope (1708–80) when they were both aged 40 and they had two children, George and Albinia.

Sir Richard Worsley (1751–1805) was a politician and antiquarian, and was involved in a scandal involving separation from his wife, Seymour Dorothy Fleming, after her adultery.

Lady Mary Wortley Montagu (née Pierrepont, 1689–1762) was the wife of Edward Wortley Montagu, an MP and ambassador to Turkey, the country where she discovered the practice of inoculation against smallpox that she later introduced to England.

Appendix 2: Recipes in Sophia Newdegate's book of Miscellaneous Receipts, CR 1841/1, Warwickshire County Record Office

Recipe title	Source
To make ink	—
A cement for shell work	—
To wash chints or cotton gowns	Miss Mordaunt
To wash white silk stockings	Mrs Coake
To make loose gravel bind	Lord Andover
For modelling	—
For blacking	—
Stone colour wash for walls	—
Another for the same	—
The manner of making the Venetian plaister for houses where the floor is well boarded & secured with strong beams capable to support the great weight	brought from Venice by Sir Roger Newdigate
To make a sweet jar	Miss Matilda Conyers
To mend China or broken glass	
To keep arms from rust	
A water to preserve carnations wall fruit trees or any other from earwigs mildew &c	
To use rice instead of starch for linnen	
Paste for modelling	
Embossing wood work in moulds	from Boyle
Modelling in paper	
A very fine red lacquer	
To clean & refresh the colours of turkey or any worsted carpet	Mrs Lockwood
Purple water	Mrs Lockwood
To prepare lamp black	Mrs Sneyd
To colour gloves	
To make gold size	Miss Sophia Lisle
To prepare the oyl to mix with the oker [ochre]	
For to lay on the gold	

To Japan	
Instructions for preserving specimens of plants for a Hortus Sucus [herbarium]	Lord Andover
The cement for sticking the dryd plants on paper	
A liquor to wash old deeds & writings that are become not legible	
Dead white paint	Mr Robertson
To clean plate	
White wash for brick walls	
An infallible cure for rats	
Tarring for weather boards	
Wash for stone stair case	
To black old leather chairs	
To wash printed cotton & linnen	
Black velvet	
Bright garter blue	
A composition to cover houses line cisterns &c.	Sir William Dolben
To take grease out of books	
Preparing varnish	Mrs Jennet Bath

Appendix 3: Safeguarding the secrets of Daffy's Elixir

According to Catherine Daffy, 'my Father, Mr. Thomas Daffy, late Rector of Redmile ... having experienc'd the Virtues of it, imparted [the original Receipt] to his Kinsman, Mr. Anthony Daffy, who publish'd the same, to the Benefit of the Community, and his own great Advantage. This very original Receipt is now in my Possession, left to me by my Father aforesaid, under his own Hand.'¹ She does not dispute that Anthony Daffy is selling the same elixir, and also she is not claiming that Thomas Daffy invented it, just that he experienced its use and somehow obtained the recipe.

As early as 1680, 'divers Persons' were selling 'a counterfeit Drink called Elixir Salutis, the true Drink so called being first published by Mr. Anthony Daffy, who is the only person that rightly and truly prepareth it, he having experienced its Virtues for above 20 years past'.² His business was on a wide scale, selling over 4000 gallons of the Elixir to agents in England and abroad in the 11 years covered by the account book, 1674–84.³

Anthony died at the beginning of 1684 and by 1686 his widow Eleanor had made an unfortunate second marriage to a Charles Trubshaw, who claimed the secrets of the recipe as a marital right, made Eleanor and her daughters leave his house and set up in manufacture on his own with a Grace Groat, who became his second wife (possibly bigamously) and who continued the business after his death.⁴ Eleanor moved into what was to become the long-term family home in Salisbury Court (a neighbouring property to Trubshaw) and sold the Elixir in her own right.⁵

When Anthony's daughter Mary died in 1705, she left everything related to making and selling the Elixir to her mother Eleanor, for her own use and specifically not that of her second husband, and then to Mary's brother Elias's five children.⁶

¹ *Post Boy*, 26–29 March 1709.

² *True News or Mercurius Anglicus*, 6–10 March 1680. The reference to publishing in this and Catherine's later advertisement are in the obsolete sense of 'to bring to public notice' (OED).

³ Haycock & Wallis, 'Quackery and commerce', p.14.

⁴ *Ibid.*, p.10; D1798/H.M. Drakeford/122, STRO, receipts for Daffy's elixir supplied by Mrs Grace Trubshaw, 1725. Trubshaw in his turn does not seem to have been as keen to safeguard the recipe: a marriage settlement between Daniel Austin and Anne Sandford in 1747 grants to her father 'the receipt or nostrum for making Daffys Elixer with the full liberty for making and vending the same and of using the seal and name of Charles Trubshaw, as before used by Daniel Austin for the better selling of the liquor' (465/599, Sandford of the Isle, Shropshire Archives).

⁵ *London Gazette*, 11–15 February 1686.

⁶ Will of Mary Daffy, Public Record Office, Prob 11/486.

In 1728 Elizabeth Daffy, 'Widow and Relict of Dr. Elias Daffy, who was Son and Heir of Dr. Anthony Daffy, deceas'd, the first and Sole Inventor of the famous original Daffy's Elixir Salutis' issued a 'publick Notice' that 'all other Elixirs whatsoever sold under the Name of Daffy's Elixir (unless so prepared by me, as aforesaid) are spurious and counterfeit'.⁷

By the 1740s the advertisements are in the name of Elizabeth's daughter Susannah, and it is asserted that 'the true original Daffy's Elixir is prepar'd by me, and no one else, (except by my Brother, Anthony Daffy)'.⁸

Anthony Daffy Jr died in October 1750, 'famous for making that Elixir, which is continued at [his House in Salisbury-Square] by his Widow, Mary Daffy', his sole beneficiary.⁹

Mary Daffy died in July 1758 and bequeathed everything to her sister Anne Acton. However, by February 1762 Anne had died as well, having failed to administer the estate, and everything passed to her niece, Mary Brereton Swinton, wife of Peter Swinton.¹⁰

Mary Swinton (or supposedly her) was fairly aggressive in advertising the Elixir, inveighing against 'many ignorant Pretenders' (perhaps including Mrs Roberts, who sold 'The original Daffy's Elixir' from a very similar address¹¹), and stating that she was 'Niece, Executrix, and personal Representative of Anthony Daffy, and sole Proprietor of the original Receipt, which has always been kept an inviolable Secret: That I live at the same House my Uncle Daffy and Family always liv'd in...' She even went so far as to offer 'a REWARD of ONE HUNDRED POUNDS, to any one or more, who will give evidence ... that I am not the niece of the late Anthony and Mary Daffy'; ten years earlier she had won a court case against Thomas Clephamson and Elizabeth Snell for 'falsely publishing' just that.¹²

In 1780 Mary Swinton died, still being referred to as 'niece and executrix of Anthony Daffy'. Then her husband, using her death notice as an advertisement, conveniently revealed that it was he who had 'prepared and in her name sold for 19 years and upwards, the true Daffy's Elixir'.¹³

Peter Swinton in turn died in 1782, described in his will as a 'Doctor of Physic'. He left substantial property holdings to his brother James, indicating the amount of money he had been able to make, but of interest here is that he declared 'all and every of my Children to be intirely ignorant of the method of preparing the true Daffys Elixir which I make and sell and of the Ingredients used therein...' Furthermore, he stated in this long and rambling will that his financial and other legacies to his daughters Elizabeth and Mary would be invalidated if they became aware of the recipe or attempted to sell the medicine, 'as it has ever been the custom of the Daffy family for only one person thereof to make and vend the said medicine and I intending that my Son shall succeed me therein'. The trustees were instructed not to give his son Anthony possession of the medicine business until he reached the age of 25, on signature of a bond to pay £2000 to the estate if he revealed the recipe to anyone, but that if

⁷ *Mist's Weekly Journal*, 24 August 1728.

⁸ *London Evening Post*, 15–17 October 1741.

⁹ *General Evening Post*, 6–9 October 1750; will of Anthony Daffy, Prob/11/782.

¹⁰ Note on will of Mary Daffy, Public Record Office, Prob/11/839.

¹¹ *Public Advertiser*, 15 February 1758, 'the Acorn in Salisbury-court, Fleet Street' rather than 46 Salisbury-Court, which was the Daffys' address.

¹² *London Evening Post*, 14 December 1762 and many other examples; *Morning Chronicle and London Advertiser*, 1 June 1775; *Public Ledger*, 12 July 1765.

¹³ *London Packet or New Lloyd's Evening Post*, 11–13 October 1780.

the son refused to carry on the business, the recipe, leases, stock and utensils would pass to Elizabeth.¹⁴ Leaving aside the degree of control this attempted to assert, it was a strategic move to preserve the only factor that would differentiate this medicine from its rivals, its supposed uniqueness.

This Anthony was evidently unable to resist the lure of ready money, so by 1797 he was advertising himself, collapsing a few generations, as ‘Mr. Anthony Daffy Swinton ... Great Nephew and Representative [of Dr Anthony Daffy]’. He was also selling ‘Swinton’s Breast Ointment and Wash, which were the Invention of my late Father Dr. Peter Swinton, Member of the Royal College of Physicians, London’.¹⁵

¹⁴ Will of Peter Swinton, Public Record Office, Prob 11/1136.

¹⁵ *Morning Post and Gazzetteer*, 28 November 1797; *E. Johnson’s British Gazette and Sunday Monitor*, 3 November 1799.

Appendix 4: Sources of recipes in Caroline Powys's Recipe Book, Add MS 42173, British Library

Recipe title	Date	Source	Comment
To boil rice		—	
Lemon wine		—	
To clean black tin like new		—	
To prevent chalk or pencil drawings rubbing off		—	
Pyramid cream		—	
To broil eggs		—	
Gooseberry jam		—	
Blacking for hearths		—	
Chocolate		—	
To prevent moth in cloths		—	
The worm in wood		—	
Head ack		—	
To destroy ratts		—	
For a bad sore throat		—	
Bath buns		—	
To clean India cabinets		A cabinet maker	
To black picture frames		A frame maker	
To stuff birds to keep many years		A relation of Mr Lever	Unidentified.
To get grease or oyl out of stone halls		A stone mason	
To clean Bremin stone		A stone mason	
To get grease out of habits or any cloth		A taylor	
To dress an hare		Annesley from Lord Abingdons	'We went to pay a visit to Mrs Annesley, Bletchingdon House, Oxon', August 12, 1778. It is unclear which of the complicated Annesley family this refers to.
Clean white cloth		Bergman taylor	Unidentified other than his occupation.
Size to mix with verditor		Broomwich	Unidentified.

Recipe title	Date	Source	Comment
To use the portable soap		Capt Powys	Philip's brother Richard, a captain in the Guards.
To clean pictures		Christ Church College Oxon	'we had time that night only to see one of its colleges, and having fixed on that of Christchurch', 1759.
Dr Oliver biscuits		Dr Oliver Bath	William Oliver (1695–1764), physician at the Water Hospital in Bath and inventor of the eponymous biscuit.
Coffee		From a coffee house, London	
Violent head ach		Gataker surgeon	Thomas Gataker (d.1768) was surgeon to George III.
For a cut		Halifax & Withers	Possibly Robert Hallifax (1735–1810), apothecary to the king's household.
For a stiff neck pain or outward bruise		Hallifax	
For an obstinate cough		Hallifax	
For a feverish heat		Hallifax	
For a putrid sore throat		Hallifax	
Currants for a desert red or white		Lady Ailesbury	'Lady Ailesbury...was telling us of it when she dined with us a few days after', January 13, 1786. The daughter of the Duke of Argyll, Caroline Campbell (1721–1803) was the wife of General Conway.
Cold cream for childrens faces after small pox		Lady Camden	John Jeffreys (1759–1840), first Marquis Camden, son of the Lord Chancellor, was pupil of Philip's brother Tom from the age of 9. He married Frances Molesworth (d.1829) in 1785.
Excellent to fat chickens and make em white		Lady Camden	
To wash blonds		Lady Camden	
Saline drafts		Lady Camden	
Round cakes		Lady Camden	

Recipe title	Date	Source	Comment
To preserve cherries in brandy		Lady Hardy	‘When we lived at Hardwick House, Sir Charles and her Ladyship then resided about four miles from us at Woodcot Clump, Oxon’, July 30, 1798. Sir Charles was Admiral of the Fleet and died in 1780; his widow was Catharine Stanyan (d.1801), daughter of the politician Temple Stanyan.
To clean pictures		Lady Hardy	
Lemon vermicelli	1782	Lady Hardy	
A turnip soup		Lady Hardy	
Cement for shell work		Lady Morgan	Unidentified.
Another cement for shell work		Lady Morgan	
White almond puddings		Lady Stiles	Unidentified.
Lavender (or palsey) drops		Lady Twisden	Frances Cross (c.1649–1731), wife of Sir William Twysden, whose daughter Isabella married Richard Lybbe; their daughter Isabella (1713–61) was Philip’s mother.
To stuff pigeons		Lady Twisden	
Muffins	1795	Lady William Isle Wight	‘We that morning received a letter from our son Thomas, with the most melancholy intelligence of the death of Lady Williams by a most unfortunate accident [in Newport, Isle of Wight]. As she was driving herself in a whisky, a dray-horse ran away and drove against the chaise, by which she was thrown out and killed on the spot’, August 14, 1798.
For the teeth		Lord Chesterfields letters	Philip Dormer Stanhope (1694–1773), 4th Earl of Chesterfield, was a British statesman who wrote regular instructive letters to his son Philip, which were published by the latter’s widow Eugenia in 1774 as <i>Letters to His Son on the Art of Becoming a Man of the World and a Gentleman</i> . Caroline visited his house in South Audley St in 1757.

Recipe title	Date	Source	Comment
Nice soap for the nails		Madam la Perre	‘Mr Powys and myself set off by eight in the morning to Mrs Powney’s, Ives Place, to meet our cousin, the Marchioness de la Peire, as they have at last arrived in England after numerous distresses they had met with during the war’, July 15, 1799. The Marchioness de la Peire, daughter of Mrs Flowyer, was half-sister to Caroline’s mother.
Excellent bread pudding		Mary Parsons	Unidentified.
Mildew		Micklem	‘Lay that night at Mrs Micklem’s, Reading’, February 25, 1796.
Lip glew		Miss Annesley	See Annesley above.
A common plumb cake	1789	Miss Blandy	Unidentified, but possibly a relative of the Miss Blandy of Henley-on-Thames who was hanged in 1752 for poisoning her father.
Orange jelly		Miss Ewer	‘We went when with Miss Ewer at Clapham to see Panes Hill’, May 1778.
Purple water		Miss Ewer	
Flaw silk leaves for shell or any flowers		Miss Ewer	
To prepare cambrick for artificial flowers		Miss Ewer	
Lemonade		Miss Ewer	
Paste for drawings	1790	Miss Grote	‘Paid a visit at Mr Grote’s, to the bride, Mrs George Grote’, October 25, 1793.
How all cotton things should be wash’d		Miss Micklem	See Micklem above.
A Japan		Miss Nicolls	Unidentified.
To clean black lace		Miss Pratt	Possibly a sister of Lord Camden, see above.
Pomatum excellent for the hair		Miss Pratt	
White fish sauce	1797	Miss Schutz Shotover	‘This summer we spent a week at Shotover, in Oxon, the seat of Mr. Schutz, whose father, Baron Schutz, came over into England with George II’, 1769.

Recipe title	Date	Source	Comment
To make almond paste	1790	Miss Weston	'I forgot to mention the library belonging to the church of Canterbury... which Mr Weston was so obliging as to show us', August 20, 1798.
For rheumatism	1787	Mr Cadogan	'This week the town was in a vast bustle at the opening of the Pantheon, and Mr Cadogan was so obliging to send me his tickets for the first night', January 27, 1772.
Mustard whey for the rheumatism		Mr Cotton Whitchurch	'We met at Mr Wolsby's Mr Hallett, his sister, and two nieces, Miss Hayes and Mrs Cotton', August 1, 1798.
Purple blossom dye	1796	Mr Coulson	'We went immediately to her [my mother], and sent for Doctor Taylor, fortunately our apothecary, Coulson, lived next door', November 14, 1798. Luke Coulson (d.1826), listed as 'surgeon &c.' in the University British Directory of 1791.
A cheap green paint for out door work		Mr Freeman	Probably Strickland Freeman (d.1821), owner of Fawley Court, the living for which was occupied by Philip's brother Tom.
To clean painted glass		Mr Gainsborough	Unidentified.
To clean asses-skin pocket books		Mr Hussey	Possibly a son of Caroline's aunt Mary, her mother's sister, who married a Mr Hussey.
For a fever in the face	1787	Mr Lockwood	'Miss Michell went to Mr Lockwood's, in town, till their return', February 18, 1790. When not in London the Lockwoods lived at Hambleden in Bucks.
For furniture		Mr Nicolls Witchurch	Unidentified.
The Queens receipt for a pain in the face		Mr Ramus	Unidentified.
Huxham tincture of bark		Mr Schutz Shotover	Thomas Schutz, see Miss Schutz above.
Tooth ach		Mr Simeon	Unidentified.
Saline drafts		Mr Withers	Unidentified.
To make drawings or prints stiff at the backs	1789	Mr Younge	Unidentified other than his occupation.

Recipe title	Date	Source	Comment
To clean paints that are dirty greasy or yellow'd by age	1789	Mr Younge painter	Unidentified other than his occupation.
Almond paste		Mrs Annesley from the Queens	See Annesley above.
To get out spots or stains from linnen		Mrs Baker	'We... early on Tuesday got to Mr Baker's at Mattingley, which family obligingly insisted on our staying with them till the next morn', 1759.
Beef suet for raised pyes		Mrs Baker	
White wine whey		Mrs Baker	
Nice past for the hands		Mrs Birt	'We went one day to Westerton, Mr Birt's, a gentleman of large fortune... Mr Birt told us many ladies even venture down the [coal] pits to see the entire manner of it. This I think one should rather be excused', 1757.
Orange wine		Mrs Bolton	Unidentified.
Leather size to stiffen tiffing		Mrs Bostock	Unidentified.
Potatoe starch	1796	Mrs Bristol	Unidentified.
Paste for the hands		Mrs Culverden	Unidentified.
Most excellent pancakes		Mrs Fisher the Crown Inn Reading	Presumably the landlady.
Pickle for brawn		Mrs Floyd	Unidentified.
For a cold or hoarseness		Mrs Floyd	
Sealing wax varnish		Mrs Freeman	'On Tuesday the 29th our nearest neighbour, Mrs Freeman of the Park (Henley), was so obliging as to give our son, Phil, a ball on his approaching nuptials', December 28, 1789. Given that the other Mrs Freeman is identified as being from Fawley Court, this is probably the Dowager Mrs Freeman (d.1806), widow of MP Sambrooke Freeman (d.1782) and aunt of Strickland Freeman.
Rheumatic pain in the gums	1787	Mrs Freeman	
A fondu	1788	Mrs Freeman	

Recipe title	Date	Source	Comment
Lemon minced pyes for summer	1797	Mrs Freeman Fawley Court	See Mr Freeman above
Artificial yeast	1789	Mrs Gardiner	‘The Michells and us dined and lay at Mr Gardiners, Hardwick’, November 30, 1789. Hardwick was let to a Mr Gardiner from 1784 until Philip Powys took it over in 1792.
To keep eggs		Mrs Gordon	Unidentified.
Most excellent custards		Mrs Harris	Unidentified.
Nice pomatum		Mrs Haughton now Duchess Cumberland	Ann Horton/Houghton, née Luttrell (1743–1808), who married Prince Henry, Duke of Cumberland, son of Frederick, Prince of Wales.
Orange pudding		Mrs Jane Powys	A relative, but otherwise unidentified.
Ratafia cakes		Mrs Jennings	The Jennings family lived at Shiplake Court in Oxfordshire.
Tooth powder		Mrs Lybbe	A relative of Philip’s mother, Isabella Lybbe.
Tunbridge cakes		Mrs Lybbe	
Lemon cheesecakes		Mrs Mee	Unidentified.
Mushroom powder	1787	Mrs Micklem	See Micklem above
Orange syrrup	1790	Mrs Micklem	
A remarkable good rich plumb pudding		Mrs Micklem	
Spunge cakes		Mrs Mount	‘The next morning having breakfasted... we set out for my Uncle Mount’s at Clapham’, 1760. Wiliam Mount (1684–1769), a stationer, married Elizabeth Girle (1701–85), Caroline’s father’s sister. From the date this must be a subsequent relative.
For cough or cold	1790	Mrs Mount	
Excellent blamange		Mrs Newel	A Miss Newel played the part of Trust in a performance of ‘The Provoked Husband’ at Lord Villiers’ estate of Bolney Court in Oxfordshire in 1777, attended by Caroline.
For mahogany furniture	1790	Mrs Nivells Pilemenham	Unidentified.
Lemon cream		Mrs Penney	Unidentified.

Recipe title	Date	Source	Comment
Heart or pound cake		Mrs Perrot	‘Went... to a party at Mr Leigh Perrot’s; eight tables, ninety people’, April 26, 1799. James Leigh (d.1817), who took the name of Perrot after his late uncle, was Cassandra Leigh Austen’s brother and married to Jane Cholmeley (1744–1836), the aunt of Jane Austen who was charged with shoplifting some white lace in 1799.
Gingerbread		Mrs Pigons	Unidentified.
Calves feet jelly		Mrs Rush	‘We call’d at our friends the Rushs of Heckfield; their place a very pretty situation, close to two pleasing parks’, 1776.
To boil chicken white		Mrs Rush	
To dress macaroni	1789	Mrs S Freeman	Probably the Dowager Mrs Freeman, see Mrs Freeman above.
To paste anything		Mrs S Freeman	
For a bad cold		Mrs Saunders	Unidentified.
For the gravel		Mrs Smith	Unidentified.
To wash gause		Mrs Staunliff	Unidentified.
To fatt ducks		Mrs Stewart	Unidentified.
To make lavender drops	1793	Mrs Tho Schutz	See Mr Schutz above.
Dr Oliver biscuits	1792	Mrs Townshend	‘as Mr Cooper was to do duty at Henley Church that day for Mr Townsend’, September 13, 1799.
Imitation of Wedgewood Blue ware	1797	Mrs Townshend	
Excellent lip salve		Mrs Walker	‘Went to one of Mr Walker’s lectures on astronomy at Henley, at which all the neighbourhood had attended’, December 3, 1791.
For a bad digestion		Mrs Wheatley	‘I had a great loss in a very old friend, and beloved relative in my dear cousin Wheatley of Lefney House Kent aged 63’, June 20, 1807.
To get grease out of boards		Mrs Whistler	Unidentified.
To take out the stain of Bohea tea		Mrs Winford	‘Glasshampton, a house of Mrs Winford I’ve heard her speak of, lies below on the right’, 1771.

Recipe title	Date	Source	Comment
For damp walls		Norris builder	Unidentified other than his occupation.
To clean gold or silver wove in silks if tarnished		Palmer	Unidentified other than his occupation.
Purple water		Palmer mercer	
To feed tame rabbits		Powney	‘We went to Mr Powney’s, Ives Place, for a few days’, October 29, 1786. Elizabeth Floyer, half-sister to the Marchioness de la Peire (see Madam la Perre above), married Pennystone Powney of Ives Place, Berks on December 20, 1776.
To candy flowers		Powys	Probably Philip’s father Philip (1704–79).
To preserve flowers		Revd Mr Sheffield	Unidentified.
To preserve China butterflies from moth		Sir G Younge	Probably Admiral Sir George Young (1732–1810) of Formosa Place, Cookham, Berkshire.
Sore throat		Sir Will Temple	English diplomat and author (1628–99) – a version of the sore throat recipe is in his essays in <i>Miscellanea</i> (1705).
Bad eyes		Sir Will Temple	
Soft pomatum		Wicks	Unidentified.
Best thing to clean glass bottles	1797	William Lovejoy	Unidentified, but Caroline had a servant called ‘Sarah Lovejoy, died May 1778, after a long illness; nursed all my four children; a most diligent, faithful servant’ (Climenson, 1899: 371).

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DB65/C2/27, notebook, G Beanlands of Bradford, c.1734–1837

Wiltshire and Swindon Archives*Arundell of Wardour*

2667/12/40, recipe book, Mrs J.E. Arundell, 1786

2667/12/213, recipe book, Mrs Arundell, mid-18th century

2667/23/7, recipes, James Everard Arundell, c.1780

Calley Papers

1178/481, recipes, 17th–18th centuries

Money-Kyrle family

1720/933, recipe book, Hester Washbourne Soame of Pytchley, Northants, early 18th century

Penruddocke of Compton Chamberlayne

332/256, recipe books, 18th century

Savernake Estate

9/35/17, account and recipe book, member of Goddard family, 1711–27

Wellcome Library

MS 144, recipe book, c.1650–1739.

MS 311, recipe book, Gibson family, 1632–1717.

MS 751, recipe book, Elizabeth Sleight and Felicia Whitfield, 1647–1722.

MS 981, recipe book, Arscott family, Arscott, Devon, c.1725–76.

MS 1127, recipe book, Mary Bent and Ann Clayton, 1664–1729.

- MS 1320, recipe book, K. W[indham?], 1710–25.
- MS 1321, recipe book, c.1675–c.1725.
- MS 1322, recipe book, c.1660–c.1750.
- MS 1324, recipe book, mid-18th century.
- MS 1340, recipe book, Boyle family, c.1675–1711.
- MS 1343, recipe book, Deborah Bragge Branch, 1725.
- MS 1625, recipes at end of printed copy of John Theobald's *Every Man His Own Physician*, Cholmley family, 1777–1790.
- MS 1626, recipe book, Thomas Cholwich, 1716.
- MS 1662, recipe book, Mary Clerke, c.1700.
- MS 1711, recipe book, Coley family, mid-18th century.
- MS 1793, recipe book, 1680–c.1725.
- MS 1794, recipe book, 17th-18th centuries.
- MS 1795, recipe book, 17th-18th centuries.
- MS 1796, recipe book, 17th-18th centuries.
- MS 1797, recipe book, c.1700–c.1735.
- MS 1813, recipe book, c.1760.
- MS 1829, recipe book, c.1776–c.1825.
- MS 1974, recipe book, Lucy Culley and William Paul, late 18th–mid 19th century.
- MS 2323, recipe book, Amy Eyton and Mary Eyton, 1691–1738.
- MS 2363, recipe book, Mrs Finger and Anna Maria Reeves, Hendens, Berks, c.1750–1800.
- MS 2767, recipe book, Elizabeth Jennens Hanmer, c.1739–c.1825.
- MS 2840, recipe book, Elizabeth Hirst, 1684–c.1725.
- MS 2844, recipe book, Martha Hodges, c.1675–1725.
- MS 3008, recipe book, Mrs Jackson, 1783.
- MS 3029, recipe book, Elizabeth Jenner, 1706.
- MS 3082, recipe book, Johnson family, 1694–1831.
- MS 3087, recipe book, Charlotte Van Lore Johnstone, Dowager Marchioness of Annandale, c.1725.
- MS 3500, recipe book, Mrs Meade, 1688–1727.
- MS 3539, recipe book, Elizabeth Michel, mid to end 18th century.
- MS 3656, recipe book, 1785–1818.
- MS 3685, recipe book, Anne Nevile, mid-18th century.
- MS 3712, recipe book, Elizabeth Okeover Adderley, c.1675–c.1725.
- MS 3731, recipe book, Letitia Owen Mytton, Halston, Shropshire, 1720–49.
- MS 3740, recipe book, Sarah Palmer, early 18th century.
- MS 3995, recipe book, Mary Preston, early 18th century.
- MS 4054, recipe book, c.1690–1710.
- MS 4056, recipe book, early 18th century.
- MS 4057, recipe book, mid-18th century.
- MS 4058, recipe book, c.1765.
- MS 4059, recipe book, late 18th century.
- MS 4060, recipe book, 1779–1805.
- MS 4288, recipe book, Frances Rous, 1767.
- MS 4322, recipe book, Catherine Warren Rye, 1786–87.
- MS 4489, recipe book and weather diary, Seeley family, late 18th century.
- MS 4646, recipe book, Emily Jane Sneyd, c.1750–1795.
- MS 4683, recipe book, Frances Springatt Ayshford, 1686–1824.
- MS 4759, recipes in margins and blank spaces of John French's *Art of Distillation*, bound with added leaves, Rebecca Tallamy, 1735–38.

- MS 4764, loose sheets, Temple family, Viscounts Palmerston, 1723–1862.
 MS 4992, recipe book, Anne White, 1778–89.
 MS 5431, recipe book, c.1700–1712.
 MS 6956, recipe book, Elizabeth Smith, 1700.
 MS 7113, recipe book, Fanshawe family, 1651–1707.
 MS 7124, recipe book, Mary Hammond and Jane Hammond, c.1724.
 MS 7158, recipe book, Sarah Draper, late 18th century.
 MS 7366, recipe book, late 18th–early 19th century.
 MS 7720, recipe book, Harriot Clinton, c.1788–early 19th century.
 MS 7721, recipe book, c.1675–c.1800.
 MS 7722, recipe book, early 18th century.
 MS 7724, recipe books, Evans family, 18th century.
 MS 7732, recipe and commonplace book, Ann Coad Evens, Saltash, Cornwall, c.1788–c.1831.
 MS 7745, recipe book, late 17th–early 18th century.
 MS 7746, recipe book, early 18th century.
 MS 7747, recipe book, Frances Rawson, 1734–late 18th century.
 MS 7788, recipe book, Dorothea Repps, 1703
 MS 7818, recipe book, mid-17th–early 18th century.
 MS 7819, loose sheets, ?Mr Webb, early 18th century.
 MS 7822, recipe book, Frances Tyrrell, late 17th–early 18th century.
 MS 7850, recipe book, Elizabeth Thompson, 1749.
 MS 7851, recipe book, Elizabeth Browne, Penelope Hugh Humphreys, Mary Dawes and Sarah Studman, late 17th–early 19th century.
 MS 7875, recipe book, M. Mascell, Holford, Somerset, 1798.
 MS 7892, recipe book, late 17th–18th century.
 MS 7893, recipe book, mid-18th century.
 MS 7942, recipe book, Thomas Chambre, 1790.
 MS 7976, recipe book, Katharine Palmer, 1700–39.
 MS 7977, recipe book, Mary Wake, 1730–early 19th century.
 MS 7978, recipe book, late 18th–early 19th century.
 MS 7979, recipe book, 18th century.
 MS 7987, recipe book, Deborah Haddock, 1720.
 MS 7997, recipe book, Godfrey–Faussett family, Vol. I, late 17th–early 19th century.
 MS 7998, recipe book, Godfrey–Faussett family, Vol. II, late 17th–mid-18th century.
 MS 7999, recipe book, Godfrey–Faussett family, Vol. III, late 17th–mid-18th century.
 MS 8002, loose sheets, Walker family, 1663–1740.
 MS 8450, recipe book, Blackett family, Matfen Hall, Northumberland, c.1680–c.1740.
 MS 8468, recipe book, Sheldon family, Weston, Warwickshire, 1748–1809.
 MS 8687, recipe book, Sarah Tully, Lady Hoare, 1732.
 MS MSL2, recipe book, Temple family, c.1650–c.1750.

Letters and journals

Add MS 42160–42173, Caroline Powys diaries, 1756–1808, British Library.

CR 114A/279, Letters to Lord Henry Seymour-Conway of Norris Castle, Seymour of Ragley papers, Warwickshire County Record Office.

CR 1368, Mordaunt letters, Mordaunt of Walton papers, Warwickshire County Record Office.

D(CA)/991, Correspondence of Lady Dryden, Drydens of Canon Ashby, Northamptonshire Record Office.

DD\GB/148, Correspondence, Gore family papers, Gibbs Mss, Somerset Archives.

DDB 72, Correspondence, Parker family of Brownsholme, Lancashire Record Office.

J38/82/10, Correspondence, Snead Cox papers, Herefordshire Record Office.

Th 2223, Notebooks of Susannah Fremeaux, 1784–92, Thornton (Brockhall) Collection, Northamptonshire Record Office.

U120/C26, U120/C29, Correspondence, Filmer Manuscripts, Kent History Centre.

1 Worsley 55, Letters to Sir Richard Worsley, 1718–1805, Worsley manuscripts, Lincolnshire Archives.

WYL230/1706–1763, Correspondence, Ingilby Records, West Yorkshire Archive Service.

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465/599, Deed of revocation, Daniel Austin of Berrington and Ann his wife, and Humphrey Sandford esq. and Folliot Sandford, Sandford of the Isle, Shropshire Archives

D1798/H.M. Drakeford/122, Receipts for Daffy's elixir supplied by Mrs Grace Trubshaw, 1725, Staffordshire Record Office.

DX 1571, Probate copy of will of Thomas Holland of Whitlane, 22 August 1767, Pendleton (Eccles) repository, Lancashire Record Office.

LM/1087/2/10, Accounts of pocket expenses of Cassandra Cornwallis, 1712–19, More and More Molyneux family of Loseley Park, Loseley manuscripts, Surrey Heritage Centre.

U1590/C43/3, Memoranda on consumption of various articles, Grizel, Lady Stanhope, Stanhope of Chevening Manuscripts, Kent History Centre.

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